

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
19-090533

EVENT	Incident Type: 16-5-40 (1005) Kidnapping - minor		Counts 2	Incident Code 1005	Offense Jurisdiction STATE	Arrest Jurisdiction			
	16-63 Wanted Person Located		1	Nonc	STATE	COUNTY			
	16-63 Missing Juvenile Located		1	Nonc	STATE	COUNTY			
	Premise Type: ALL OTHER		Weapon Type:	Forcible: U	Stranger To Stranger: U	Hate Motivated: <input type="checkbox"/>	Loc Code: 560		
Date Report: 9/27/2019 10:00:00 PM Incident Start: 9/27/2019 3:19:00 PM Incident End: 9/27/2019 6:00:00 PM Incident Location: 4649 Memorial Dr Decatur GA									
VICTIM	Name (Last, First Middle): Rivas, Natalie		Moniker:	DOB: -2005	Age: 14	Sex: F	Race: W	Ethnicity: U	
	Address 1045 Morgan Rd Canton GA 30115-		Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 503	WGT: 118	Hair Color: BROWN	Hair Style: STRAIGHT	Hair Length: MEDIUM	Eye Color: BROWN	OLN #:
	Occupation:		Employer:	Address:		Employer Phone:			
	Victim Type: Individual		Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:		LEOKA Assignment Type:	
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input checked="" type="checkbox"/> Other		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	SMTs:								
	Relationship To Offenders:	(1) STRANGER	(2)	(3)	(4)	(5)			
	Offenses Involved:	(1) 1005	(2) Nonc	(3)	(4)	(5)			
	OFFENDER	Name: 19-090533, 19-090533		Moniker:	DOB: 00	Age: 00	Sex: M	Race: B	Ethnicity:
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:				
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:
Occupation:		Employer:	Address:		Employer Phone:				
SMTs:									
Offenses Involved:									
(1) 16-5-40 (1005) Kidnapping - minor		1005	(2)	(3)	(4)	(5)	(6)	(7)	
(3)			(4)		(5)		(6)		
(5)			(6)		(7)		(8)		
(7)			(8)		(9)		(10)		
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/>		SUSPECT ARMED:		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>							
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	
	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS		
	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	
	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		
	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	STOLEN	\$0.00	
	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	RECOVERED	\$0.00	
	TOTAL		TOTAL		TOTAL		TOTAL		
\$0.00		\$0.00		\$0.00		\$0.00			
ADM.	GCIC ENTRY <input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES								
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
DRUG	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/>								
	6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>								
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE								
	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE								
REPORTING OFFICER Hill m l		NUMBER 2804		APPROVING OFFICER Bobo r l		NUMBER 2435			

PLAINTIFF-002978(UI&S)

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

ADDITIONAL INCIDENT TYPES

Case #:

19-090533

[illegible]

DEKALB COUNTY POLICE DEPARTMENT										Case #: 19-090533											
GA0440200																					
ADDITIONAL VICTIMS																					
Name (Last, First Middle): Dunn, Hailia Michelle					Moniker:		DOB: [REDACTED] 2003		Age: 16		Sex: F		Race: B		Ethnicity:						
Address 790 Flechter St Cadartown GA 30125-					Home #:		Work #:		Cell #:		Email:										
SSN:		Resident Status: RESIDENT		HGT: 503		WGT: 137		Hair Color: BROWN		Hair Style: STRAIGHT		Hair Length: MEDIUM		Eye Color: BLUE		OLN #: 060935223		State: GA			
Occupation:					Employer:					Address:					Employer Phone:						
Victim Type: Individual					Student: Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		If Yes, Name of Victim's School:					LEOKA Activity Type:					LEOKA Assignment Type:				
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other										Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer											
SMTs:																					
Relationship To Offenders:		(1) STRANGER			(2) _____			(3) _____			(4) _____			(5) _____							
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____							
Offenses Involved:		(1) 1005			(2) Nonc			(3) _____			(4) _____			(5) _____							
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____							
Name (Last, First Middle): Douglasville Sheriff's Office					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:						
Address 8470 Earl D Lee Blvd Douglasville GA 30134-					Home #:		Work #:		Cell #:		Email:										
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:			
Occupation:					Employer:					Address:					Employer Phone:						
Victim Type: Government					Student: Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		If Yes, Name of Victim's School:					LEOKA Activity Type:					LEOKA Assignment Type:				
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other										Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer											
SMTs:																					
Relationship To Offenders:		(1) STRANGER			(2) _____			(3) _____			(4) _____			(5) _____							
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____							
Offenses Involved:		(1) Nonc			(2) _____			(3) _____			(4) _____			(5) _____							
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____							
Name (Last, First Middle):					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:						
Address					Home #:		Work #:		Cell #:		Email:										
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:			
Occupation:					Employer:					Address:					Employer Phone:						
Victim Type:					Student: Yes No <input type="checkbox"/> <input type="checkbox"/>		If Yes, Name of Victim's School:					LEOKA Activity Type:					LEOKA Assignment Type:				
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other										Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer											
SMTs:																					
Relationship To Offenders:		(1) _____			(2) _____			(3) _____			(4) _____			(5) _____							
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____							
Offenses Involved:		(1) _____			(2) _____			(3) _____			(4) _____			(5) _____							
		(6) _____			(7) _____			(8) _____			(9) _____			(10) _____							

DEKALB COUNTY POLICE DEPARTMENT						Case #: 19-090533	
GA0440200							
INCIDENT VEHICLES							
<input type="checkbox"/> STOLEN	TAG NUMBER CLT6682		STATE GA	YEAR 2019	V.I.N. 2C3CDXBG8KH667521	TYPE 2 OR 4 DOOR SEDAN (PASSENGER)	
<input type="checkbox"/> RECOVD	YEAR 2019	MAKE DODGE	MODEL CHARGER	STYLE SEDAN, 4 DOOR,		COLOR GREY	RELATED TO
<input checked="" type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER RUFFIN JAMES			ADDRESS 3200 TROTTERS WALK CIRCLE . SNELLVILLE GA 30078-				PHONE
INVENTORY <input checked="" type="checkbox"/>	INVENTORY DATE 10/10/2019 5:30:00 PM		STORED AT STATE WIDE		SECURED	DATE SECURED	RELEASED TO OTHER
<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS				PHONE
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER
<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS				PHONE
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER
<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS				PHONE
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER
<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS				PHONE
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER
<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.	TYPE	
<input type="checkbox"/> RECOVD	YEAR	MAKE	MODEL	STYLE		COLOR	RELATED TO
<input type="checkbox"/> SUSPECTS	MOTOR SIZE (CID)		TRANS	AUTO <input type="checkbox"/>	MAN. <input type="checkbox"/>	INSURED BY	
OWNER			ADDRESS				PHONE
INVENTORY <input type="checkbox"/>	INVENTORY DATE		STORED AT		SECURED	DATE SECURED	RELEASED TO OTHER

DEKALB COUNTY POLICE DEPARTMENT								Case #:	
GA0440200								19-090533	
OTHER PERSONS									

Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
PARENT		Montour April Nichole								
Address					Home #:		Cell #:		Work #:	
1045 Morgan Rd Canton GA 30115-										
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
-1984	35	F	W	N	RESIDENT	BROWN	BROWN	505	130	
SMTs:										
Email:					OLN #:	State:	Used:			
					052809559	GA	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:		Employer/School:			Address:			Employer Phone:		

Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
Address					Home #:		Cell #:		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:					OLN #:	State:	Used:			
							<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:		Employer/School:			Address:			Employer Phone:		

Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
Address					Home #:		Cell #:		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:					OLN #:	State:	Used:			
							<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:		Employer/School:			Address:			Employer Phone:		

Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
Address					Home #:		Cell #:		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:					OLN #:	State:	Used:			
							<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:		Employer/School:			Address:			Employer Phone:		

Involvement Type:		Name (Last, First Middle):			Moniker:		SSN:			
Address					Home #:		Cell #:		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:	
SMTs:										
Email:					OLN #:	State:	Used:			
							<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
Occupation:		Employer/School:			Address:			Employer Phone:		

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
19-090533

Officer ID/Name:
2804

Hill m l

Date:

9/27/2019 10:00:00 PM

Approving Officer ID/Name:

2435

Bobo r l

Date:

Title: INITIAL REPORT

On 9-27-19 while handling a fire call located at in the parking lot of the Wendy's located at 4643 Memorial Dr I was approached by Ms. April Montour. She was frantic as she advised that her daughter, Ms. Natalie Rivas was a runaway juvenile and also reportedly "kidnapped" and being held against her will at the Motel (United Inn) 4649 Memorial Dr. Next door to the location where we were at. I attempted to get as much information as I could from her as she went on to say that Natalie was first in a group home, Murphy Harpst located in Cedar County Georgia. On September 17th 2019.

She adds that she was only there for the span of four days when she ran away and a report was then filed through National Center for Missing and Exploited Children (case #1369087). She then went on to state that there was also an FBI file and case that went along with the initial call. Ms. Montour says that Natalie was posting photos on social media about being with a black male only identified by his last name "Ruffin" and Instagram account "slimdunkinruffin" along with two other juvenile females. She says that he drives a black Dodge Charger that was supposedly seen in the rear of the Motel by Ms. Montour. Ms. Montour adds that she did not know what room they were in but the last post that was seen was that of Natalie and another female saying that they were eating at the Wendy's, where we were, and that they were going back to the hotel. Ms. Montour adds that this information was being passed along from a third party whom was also a juvenile female of whom she suspects was being "recruited". The unknown female then passed this information to Ms. Montour as she was then providing updates to me.

Ms. Montour stated that "Ruffin" was seen on his post with weapons, narcotics and even shown pictures of him lying in the bed with Natalie and other juvenile females. She assumed that "Ruffin" was armed and dangerous due to the post that he was shown in. She adds that he was even seen driving a black Dodge Charger in a few of his post with the juvenile's females as passengers. Ms. Montour says that Natalie has stated that she wants to leave the motel and get away from "Ruffin" "but they won't let her". They would not allow her to communicate with anyone but other girls. Ms. Montour continued to add that it was important that we get "Ruffin" in to custody and recover Natalie because they were stating that "Ruffin" was supposed to be taking them out of the state.

I then raised dispatched and alerted them of what I was out on and to start me additional units to start a perimeter on the Motel. As units quickly arrived, Ms. Montour stated that an undated post to the unknown female stated that they were clear that the police were around the motel. They were then to meet with her at the Quick Trip located on N. Indian Creek and N. Decatur Rd. I then advised if Ms. Montour could still see the Dodge Charger and she stated that she just saw one leave the parking lot and go east on Memorial Dr towards that same direction.

I then raised the Special Victims Unit and alerted Det. Benton whom is with Internet Crimes against Children Unit. I advised of everything that was taking place. They were then provided with photos from Ms. Montour of Natalie and a photo of "Ruffin". Ms. Montour then received an update that Natalie was leaving the QT and heading to the Burger King that was directly across the street from our location.

We then witnessed a newer model black Dodge Charger idling in the parking lot of the Burger King. As units began to get close the vehicle then sped off towards Memorial Dr and I-285. It was unknown if this was going to be the vehicle at the time. Ms. Montour then gave another update that stated that they were next to the Burger King at a service station and waiting for her in a large white SUV. Ms. Montour then looked up and alerted me that she thinks that she sees Natalie in the parking lot of the Citco Gas Station located at 4640 Memorial Dr. Wearing a white black and red flannel shirt with a white shirt under it and khaki pants. She then stated that she was with another young white female whom was wearing short shorts and a gray sweater.

As I looked I could see the two females in the parking lot. I then went across traffic and made contact with the two females as they attempted to walk away from me. I asked Natalie if her name was Natalie. She replied "No, that's not my name". The second female, later identified as being Ms. Hailie Dunn stated that she as 17 year old. I then asked if they had ID on them and they stated "No". Ms. Dunn then stated that she was going to go to the room where her mom was and get it. I then grabbed both females by the back of their shirts and advised them that they were going to walk with me and that they were being detained. As I began to walk closer to Ms. Montour whom was standing in the parking lot of the Wendy's she began to say "Natalie what were you thinking".

I noticed that Natalie had several bruises covering her neck and going down to her chest. After securing both females in the rear of my police vehicle, I then saw that Ms. Dunn was texting someone. I then attempted to remove the phone from her hands as she then began to clutch the phone. She was advised to let the phone go and that she could not use it at this time. Still holding the phone with a tighter grip then before Ms. Dunn stated that she was "texting her case worker to come and get her". I then removed the phone from her hands and placed it in the front seat of my police vehicle. I then rolled the windows down and secured the doors.

Det. Benton the arrived as I briefed him on the outcome. I then asked Ms. Dunn whom they were riding with. She stated that they didn't know the guy but he was "a big black male wearing a black shirt and driving an older big white SUV". I saw that the white SUV that they were seen walking from was still in the parking lot but it was added that this was not the same SUV. I then

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
19-090533

Officer ID/Name:
2804

Hill m l

Date:

9/27/2019 10:00:00 PM

Approving Officer ID/Name:

2435

Bobo r l

Date:

Title: INITIAL REPORT

continued to speak further with Det. Benton as I noticed Natalie attempting to place her arm through the middle cage to reach the phone as someone was calling it. I then closed the middle panel to the cage.

After gathering further information Det. Benton was able to find the room that they were staying in. After speaking with the lobby he was provided the room number as we attempted to conduct a knock and talk with anyone that might be in the room. It was stated that the same "Ruffin" subject was the same one whom rented the room and seen driving a black Dodge Charger. As I waited for Det. Benton to get further information on the "Ruffin" subject I ran both females in the National Crime Information Center system. Ms. Dunn was showing to be wanted out of Douglasville County Sheriff's Office for Parole Violation and missing juvenile with a nationwide extradition (warrant #19JV0891). She was also showing to missing and have pending warrants out of Clayton County Sheriff's Office. Natalie was showing to be a missing person out of Cherokee County Sheriff's Office (warrant #02819J0433). I alerted my dispatch of their status. Ms. Dunn was confirmed by Operator Cox and Natalie was confirmed by Operator Caughman.

I then met back with Det. Benton as we went to the room which was stated to be where Ms. Dunn and Natalie were "being held". As we knocked there was no answer. I then stood at the door as Det. Benton left to obtain a search warrant for the location. While waiting it was stated that Ms. Montour provided Natalie and Ms. Dunn with food and drinks. Shortly after Det. Benton came back with warrant in hand. We then knocked again announcing that we were the DeKalb County Police Department. After making several knocks and announcing ourselves there was still no answer. A master key that was obtained from the front lobby was then used to gain access in the location. There was no other subjects in the location. I then returned to my vehicle and Officer B.K. Anderson and I then transported Ms. Dunn and Natalie to the DeKalb County Headquarters where they were to be spoken with further by detectives in reference to the call. Deputy Young with the Douglasville County Sheriff's Office arrived to the location to stand by and transport M.s Dunn to Rome Georgia due to the confirmation.

Med Unit #46 responded to Headquarters to exam the bruises on victim Natalie Rivas neck.

Body Worn Camera was on during the stop.

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
19-090533

Officer ID/Name: 3451	Lane c d	Date: 10/10/2019 6:37:42 PM	Approving Officer ID/Name: 3043	Paske t w	Date: 10/10/2019 8:36:29 PM
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Title: SUPPLEMENTAL NARRATIVE

Report Date: 10/10/2019 18:37:12
Reporting Officer: 3451 - Lane c d
Approving Officer: 3043 - Paske t w

On October 10, 2019 at approximately 5:00 PM I, Officer Lane #3451, along with the rest of the East Precinct NET team Task Force was assisting Detective Benton with the execution of active arrest warrants for Mr. James Ruffin (12/04/1991). Mr. Ruffin was known to attended classes at the Georgia Piedmont Technical College located at 6720 Marbut Rd. At approximately 5:15 PM undercover units stationed at the college observed Mr. Ruffin arrive at the location in a grey in color Dodge Charger bearing GA plat CLT6682.

Once Mr. Ruffin had exited the vehicle, NET units moved in. Mr. Ruffin was taken into custody without incident. Mr. Ruffin's vehicle was impounded by State Wide incident to arrest. Mr. Ruffin was then transported by my unit to be questioned at DeKalb County Headquarters. He was then transported to DeKalb County Jail under his current warrants.

My Body Camera was activated during the arrest and during transport. Copies of the warrants were provided to the Jail. The Warrants had not been put in the system yet so they did not need to be confirmed over the radio by the warrants office.

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:

12-088734

EVENT

Incident Type: 16-10-25 (4803) GIVING FALSE NAME, ADDRESS, OR BIRTHDATE	Counts 1	Incident Code 4803	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY
Premise Type: HIGHWAY	Weapon Type:	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>
Date Report: 8/7/2012 1:52:00 AM	Incident Start: 8/7/2012 1:52:00 AM	Incident End: 8/7/2012 2:56:00 AM	Incident Location: 4649 MEMORIAL DR DECATUR GA	

VICTIM

Name (Last, First Middle):	Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:
Address	Home #:	Work #:	Cell #:	Email:		
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:
Occupation:	Employer:	Address:			Employer Phone:	
Victim Type:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Victim's School	LEOKA Activity Type:	LEOKA Assignment Type:		
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
SMTs:						
Relationship To Offenders:	(1)	(2)	(3)	(4)	(5)	(6)
Offenses Involved:	(1)	(2)	(3)	(4)	(5)	(6)

OFFENDER

Name:	Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:
BRAITHWAITE, MARIAH		-1995	17	F	B	
Address:	Home Phone:	Work Phone:	Cell Phone:	Email:		
5266 LONG GREEN LN STONE MOUNTAIN GA 3008						
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:
		507	137			
Occupation:	Employer:	Address:			Employer Phone:	
UNKNOWN OR NOT STA						
SMTs:						
Offenses Involved:						
1) 16-10-25 (4803) GIVING FALSE NAME, ADDRESS, C	(2)	(3)	(4)	(5)	(6)	(7)
(8)	(9)	(10)				
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>	SUSPECT ARMED: N	WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
TOTAL NUMBER ARRESTED: 1	ARREST AT OR NEAR OFFENSE SCENE: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>					

PROPERTY

VEHICLES	CURRENCY, NOTES, ETC	JEWELRY, PREC. METALS	FURS
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
CLOTHING	OFFICE EQUIP.	TV, RADIO, ETC	HOUSEHOLD GOODS
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
FIREARMS	CONSUMABLE GOODS	LIVESTOCK	OTHER
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
TOTAL			
\$0.00			

ADM.

GCIC ENTRY	<input type="checkbox"/> WARRANT	<input type="checkbox"/> MISSING PERSONS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> ARTICLE	<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES
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DRUG

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine	<input type="checkbox"/> 2 - Barbiturate	<input type="checkbox"/> 3 - Cocaine	<input type="checkbox"/> 4 - Hallucinogen	<input type="checkbox"/> 5 - Heroin
		<input type="checkbox"/> 6 - Marijuana	<input type="checkbox"/> 7 - Methamphetamine	<input type="checkbox"/> 8 - Opium	<input type="checkbox"/> 9 - Synthetic Narcotic	<input type="checkbox"/> U - Unknown

CLEAR

REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
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REPORTING OFFICER
T L CHURCHILLNUMBER
2895

APPROVING OFFICER

NUMBER

DEKALB COUNTY POLICE DEPARTMENT**GA0440200****NARRATIVE**

Case #:

12-088734

Officer ID/Name:

Date:

Approving Officer ID/Name:

Date:

Title:

INITIAL REPORT

On 8/7/12 at 0152 hours while conducting a business check at 4649 Memorial Drive (United Inn Suites) I initiated a citizen contact on a black female in the rear of the location. After informing the subject of the local crime trends the subject wilfully provided her information (name and date of birth). An NCIC check on the information provided (Diamond Williams [REDACTED] 94) yielded no results on NCIC. The suspect was detained for further investigation at this time and provided her correct information. An NCIC check on the suspect, Mariah Braithwaite, revealed she was wanted by the Dekalb County Sheriff's Office for Prostitution. The suspect was arrested and charged with Providing False Name / DOB 16-10-25 and transported to the Dekalb County Jail without incident. Warrants will be secured later this date.

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
12-060544

EVENT

Incident Type: 16-11-39.1 (5309) HARASSING PHONE CALLS 16-11-39.1	Counts: 1	Incident Code: 5309	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:
Premise Type: UNITED INN	Weapon Type:	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>
Date Report: 5/30/2012 9:02:00 PM	Incident Start: 5/29/2012 10:02:00 PM	Incident End: 5/30/2012 8:33:00 PM	Incident Location: 4649 MEMORIAL DR 320 STONE MOUNTAIN GA	

VICTIM

Name (Last, First Middle): KNIGHT, HILLARY	Moniker:	DOB: [REDACTED]-1991	Age: 21	Sex: F	Race: W	Ethnicity:
Address: 2969 SANDSTONE TRL SW MARIETTA GA	Home #:	Work #:	Cell #:	Email:		
SSN:	Resident Status:	HGT: 506	WGT: 147	Hair Color:	Hair Style:	Hair Length:
Occupation:	Employer:	Address:		Employer Phone:		
Victim Type: Individual	Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School:		LEOKA Activity Type:		LEOKA Assignment Type:
Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other	Used:		<input type="checkbox"/> Drugs	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	
SMTs:						
Relationship To Offenders:	(1) RELATIONSHIP UN	(2)	(3)	(4)	(5)	
Offenses Involved:	(1) 5309	(2)	(3)	(4)	(5)	

OFFENDER

Name: UNKNOWN, DON	Moniker:	DOB:	Age:	Sex: M	Race: U	Ethnicity:
Address:	Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:	Resident Status:	HGT: D	WGT:	Hair Color:	Hair Style:	Hair Length:
Occupation:	Employer:	Address:		Employer Phone:		
SMTs:						
Offenses Involved:						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(8)	(9)	(10)				
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: <input checked="" type="checkbox"/> WEAPON: <input type="checkbox"/> Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
TOTAL NUMBER ARRESTED: <input type="checkbox"/> 0 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>						

PROPERTY

VEHICLES	CURRENCY, NOTES, ETC	JEWELRY, PREC. METALS	FURS
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
CLOTHING	OFFICE EQUIP.	TV, RADIO, ETC	HOUSEHOLD GOODS
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
FIREARMS	CONSUMABLE GOODS	LIVESTOCK	OTHER
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
TOTAL		TOTAL	
\$0.00		\$0.00	

ADM.

GCIC ENTRY	<input type="checkbox"/> WARRANT	<input type="checkbox"/> MISSING PERSONS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> ARTICLE	<input type="checkbox"/> BOAT	<input type="checkbox"/> GUN	<input type="checkbox"/> SECURITIES
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DRUG

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine	<input type="checkbox"/> 2 - Barbiturate	<input type="checkbox"/> 3 - Cocaine	<input type="checkbox"/> 4 - Hallucinogen	<input type="checkbox"/> 5 - Heroin
		<input type="checkbox"/> 6 - Marijuana	<input type="checkbox"/> 7 - Methamphetamine	<input type="checkbox"/> 8 - Opium	<input type="checkbox"/> 9 - Synthetic Narcotic	<input type="checkbox"/> U - Unknown

CLEAR

REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
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REPORTING OFFICER N K POOLE	NUMBER 2992	APPROVING OFFICER	NUMBER
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DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVECase #:
12-060544

Officer ID/Name:

Date:

Approving Officer ID/Name:

Date:

Title:

INITIAL REPORT

On May 30, 2012, at approximately 2044 hours, I responded to 4649 Memorial Dr. at the United Inn & Suites, room 320 in reference to a harassing communications call. Upon arrival I spoke with the complainant, Ms. Hillary Knight, who advised me that she has been receiving unwanted messages regarding her performing sexual acts in exchange for money via handwritten messages and telephone.

Ms. Knight advised the written message was placed on her door on Tuesday, May 29, 2012 between 1900 hours and 1930 hours. The phone calls started on Tuesday, May 29, 2012 around 2100 hours and she received the last phone call on this date around 2000 hours.

Ms. Knight was given a case number.

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 14-071126		
EVENT	Incident Type: 16-6-9 (4004) PROSTITUTION 16-6-9				Counts: 1	Incident Code: 4004	Offense Jurisdiction: COUNTY	Arrest Jurisdiction: COUNTY
	Premise Type: United Inn & Suites				Weapon Type:	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>
	Date Report: 7/16/2014 5:36:00 PM				Incident Start: 7/16/2014 5:36:00 PM	Incident End: 7/16/2014 6:30:00 PM	Incident Location: 4649 Memorial DR 326 Decatur GA	
VICTIM	Name (Last, First Middle):		Moniker:		DOB:	Age:	Sex:	Race:
	Address:		Home #:		Work #:	Cell #:	Email:	
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
	Occupation:		Employer:		Address:		Employer Phone:	
	Victim Type:		Student:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Name of Victim's School:		LEOKA Activity Type:	
	Injuries:		None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/>		Used:		Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>	
	SMTs:							
	Relationship To Offenders:	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Offenses Involved:	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	OFFENDER	Name: Duff, Janine Andrea		Moniker:		DOB: [REDACTED]-1986	Age: 27	Sex: F
Address: 2488 Lakewood AVE Atlanta GA 30315-		Home Phone:		Work Phone:	Cell Phone:	Email:		
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
Occupation:		Employer:		Address:		Employer Phone:		
UNKNOWN OR NOT STAT								
SMTs:								
Offenses Involved:				(1) 16-6-9 (4004) PROSTITUTION 16-6-9				
(2) 4004				(3)				
(4)				(5)				
(6)				(7)				
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS	
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00	
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00	
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS	
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00	
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00	
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER	
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00	
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00	
	ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>						
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown								
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED							
	DATE OF CLEARANCE 07-16-2014 <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE							
REPORTING OFFICER E MCCOWN		NUMBER 2722		APPROVING OFFICER		NUMBER		

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
 14-071126

Officer ID/Name:

Date:

Approving Officer ID/Name:

Date:

Title: INITIAL REPORT

On Wednesday, July 16, 2014, the DeKalb County Police Department's Vice Unit conducted a police operation targeting females that engage in acts of prostitution by advertising escort services on backpage.com. At approximately 5:36 PM I called a female that posted an advertisement on backpage.com. The first picture of the ad was of a topless black female exposing her breasts but covering her nipples with her hands. The female was later identified to be Ms. Janine Duff.

I called Ms. Duff and said that I wanted to spend thirty minutes with her. She said okay and told me that she was in a hotel on Memorial Drive near Interstate 285. I asked her exactly where she was and she told me that she would text me her address. As soon as we got off the phone she text me, "United Inn & Suites, a hotel on Memorial Drive 4649 memorial drive decatur ga 30032." That is the address to the United Inn & Suites, a hotel on Memorial Drive

About thirty minutes later I called Ms. Duff and told her that I was driving into the parking lot of the hotel. She told me that she was in Room 326.

Approximately three minutes later I knocked on the door, and Ms. Duff, the same person that was featured in the backpage.com advertisement, answered the door wearing lingerie. I entered the room and Ms. Duff told me that thirty minutes of her time would cost me \$60. I said okay and took out three twenty dollar bills from the Official DeKalb County Investigative Fund. I asked Ms. Duff I could have "everything" for the \$60 and she said yes. She then asked me what I meant by everything, and said that she didn't have anal sex. I said, "Okay, head and pussy then?" She said yes. ("Head" and "Pussy" means Oral Sex and Vaginal Sex respectively.)

Ms. Duff then said that I was paying for her time and companionship. While we were talking I saw a dresser drawer full of condoms.

I handed Ms. Duff the three twenty dollar bills and she put them in her dresser drawer. Shortly after she took the money she was taken into custody for the crime of prostitution.

Detective M. Johnson, #2183, found the money that I gave Ms. Duff in the top dresser drawer amidst the condoms. Sgt. H.L. Brannon, #1911, was in the room and saw two fifty dollar bills behind the television. Ms. Duff said that she wanted to take her money with her to jail, and Sgt. Brannon thought that she meant that money. He picked up two fifty dollar bills and knew immediately that they were counterfeit due to the texture of the money. He looked at the serial numbers on both fifty dollar bills and noticed that they were both the same, "TB 60911663A."

Sgt. Brannon asked Ms. Duff where she got the money from. She said that she received the money from one of her clients, who passed it off on her. Sgt. Brannon took possession of the money and gave it to Detective McCown. It was placed into the property room as evidence.

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 14-073678	
EVENT	Incident Type: PROSTITUTION 16-6-9				Counts: 1	Incident Code: 4004	Offense Jurisdiction: COUNTY
	Premise Type: UNITED INN & SUITE				Weapon Type: 03	Forcible: Y	Stranger To Stranger: N
Date Report: 7/23/2014 3:25:00 PM				Incident Start: 7/23/2014 3:15:00 PM	Incident End: 7/23/2014 3:20:00 PM	Incident Location: 4649 MEMORIAL DR 239 DECATUR GA	
VICTIM	Name (Last, First Middle): SAMUELS, DAMEKIA BRENDA				Moniker:	DOB: [REDACTED]-1995	Age: 19
	Address: 3908 PINEHURST VALLEY DR DECATUR GA 30034- [REDACTED]				Home #:	Work #:	Cell #:
	SSN:	Resident Status: RESIDENT	HGT: 501	WGT: 156	Hair Color: BLACK	Hair Style: WAVEY	Hair Length: MEDIUM
	Occupation:		Employer:	Address:		Employer Phone:	
	Victim Type: Individual				Student:	LEOKA Activity Type:	
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
SMTs:							
Relationship To Offenders: (1) OTHERWISE KNOW (2) (3) (4) (5) (6) (7) (8) (9) (10)							
Offenses Involved: (1) 4004 (2) (3) (4) (5) (6) (7) (8) (9) (10)							
OFFENDER	Name: Unknown				Moniker:	DOB:	Age:
	Address:				Home Phone:	Work Phone:	Cell Phone:
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:
	Occupation:		Employer:	Address:		Employer Phone:	
	SMTs:				Offenses Involved:		
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: Y WEAPON: HANDS				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER	TOTAL
STOLEN	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>						
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE						
	REPORTING OFFICER N H WILLIAMS		NUMBER 2735		APPROVING OFFICER		NUMBER

DEKALB COUNTY POLICE DEPARTMENT		Case #	
GA0440200		14-073678	
NARRATIVE			
Officer ID/Name:	Date:	Approving Officer ID/Name:	Date:
Title: INITIAL REPORT			
<p>On 7/23/2014 at 3:36pm I was dispatched to 4649 Memorial Dr. United Inn and Suites room 239 for a rape call.</p> <p>See supplemental report for further information.</p>			

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
 14-073678

Officer ID/Name:

Date:

Approving Officer ID/Name:

Date:

Title: SUPPLEMENTAL NARRATIVE

Suspect#1- Street name "E". 30 year old, light skinned black male, Height 5' 10" 165-170lbs clean shaved, short hair, tattoo on left side of his face near or in hair line, wearing a grey short sleeve shirt and green cargo shorts. On 7/23/2014 at 3:36pm I was dispatched to 4649 Memorial Dr. United Inn and Suites room 239 for a rape call. I made contact with victim Damekia Samuels, who stated Suspect#1 raped her at 3:15pm. Ms. Samuels showed me her cell phone that had text messages from suspect#1. The messages read "(Him)Baby girl I want you to deep throat this dick and let your druel drop down to my balls while you rub them. (Him) how about \$50. (Her) kool. (Him) ok. (Her) where u at cuz im by myself." She said when he got there "his dick was hard and he was ready to go". Both suspect#1 and Ms. Samuels took all of their own clothes off. She asked him if he had the money, he stated I don't have it with me it's in the car. I can go get it when were done. She said "He had a condom ready and put it on. He then forced me onto the bed and bent me over, faced down with my ASS in the air, and my face shoved into the pillow. He fucked me hard and fast. He stuck his dick into me, NOT my ASS! MY VAGINA!" She said it lasted only five minutes. He then told her I didn't know my account was over drawn and he had no money. She said he ran to the bathroom and flushed the toilet. He got dressed real fast and ran out the door. She followed him but was unable to catch him. She then called the police. She had received another text from "E". "stating I don't have the money now and that I will get U next time." She advised me that she only know him as "E" and that they had sex for money two other times within a months' time frame, prior to this event. Ms. Samuels was seen by EMS but refused treatment. She was given a case number and instructions on how to obtain a report. Med. 79 responded but did not transport. SVU DET. Russell #973 and Sgt. Love were notified and responded. They made contact with Ms. Samuels for further investigation. Per Sgt. Love the report name was changed to prostitution

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT				Case #: 15-079333	
Incident Type: 16-6-9 (4004) Prostitution		Counts: 1	Incident Code: 4004	Offense Jurisdiction: COUNTY	Arrest Jurisdiction: COUNTY
Premise Type: COMMERCIAL		Weapon Type:	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>
Date Report: 8/12/2015 2:00:00 PM		Incident Start: 8/12/2015	Incident End: 8/12/2015	Incident Location: 4649 Memorial Drive Stone Mountain GA	
Name (Last, First Middle): State of Georgia		Moniker:	DOB:	Age:	Sex: Race: Ethnicity:
Address: Tucker Tucker GA 30084-		Home #:	Work #:	Cell #:	Email:
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style: Hair Length: Eye Color: OLN #: State:
Occupation:		Employer:	Address:		Employer Phone:
Victim Type: Government		Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School:		LEOKA Activity Type: LEOKA Assignment Type:
Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		SMTs:	
Relationship To Offenders:		(1) (2) (3) (4) (5)	(6) (7) (8) (9) (10)		
Offenses Involved:		(1) 4004 (2) (3) (4) (5)	(6) (7) (8) (9) (10)		
Name: Smith, Tonisha Vernice		Moniker:	DOB: -1992	Age: 23	Sex: F Race: B Ethnicity: N
Address: 1428 Stone Ray Drive Atlanta GA 30331-		Home Phone:	Work Phone:	Cell Phone:	Email:
SSN:	Resident Status: RESIDENT	HGT: 507	WGT: 175	Hair Color: BROWN	Hair Style: UNKNOWN Hair Length: MEDIUM Eye Color: BROWN OLN #: 058883809 State: GA
Occupation:		Employer:	Address:		Employer Phone:
SMTs:		Offenses Involved:			
(1) 16-6-9 (4004) Prostitution		(2) 4004 (3) (4) (5) (6) (7) (8) (9) (10)			
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>		SUSPECT ARMED: N		WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
TOTAL NUMBER ARRESTED: 1		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS	
STOLEN \$0.00		\$0.00		\$0.00	
RECOVERED \$0.00		\$0.00		\$0.00	
CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC	
STOLEN \$0.00		\$0.00		\$0.00	
RECOVERED \$0.00		\$0.00		\$0.00	
FIREARMS		CONSUMABLE GOODS		LIVESTOCK	
STOLEN \$0.00		\$0.00		\$0.00	
RECOVERED \$0.00		\$0.00		\$0.00	
OTHER		TOTAL		TOTAL	
\$0.00		\$0.00		\$0.00	
ADM. GOC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>					
DRUG DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/>			
		6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>			
CLEAR REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/>		DATE OF CLEARANCE		08-12-2015 <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/>	
REPORTING OFFICER Schofield t s		NUMBER 2876		APPROVING OFFICER Brannon h l	
				NUMBER 1911	

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

NARRATIVE

Case #:

15-079333

Officer ID/Name

2876

Schofield t s

Date

8/13/2015 6:30:00 PM

Approving Officer ID/Name

1911

Brannon h l

Date

Title:

INITIAL REPORT

On the afternoon of August 12, 2015 The DeKalb County Police Vice Unit conducted a prostitution operation at 4649 Memorial Drive (United Inn and Suites Hotel). While working in an undercover capacity along with Officer C. King #2984, I (Detective T.S. Schofield #2876) made contact with a female via telephone after locating an advertisement on website "backpage.com." The backpage advertisement displayed exotics picture of a black female and telephone number ([REDACTED] listed underneath.

Upon myself and Officer C. King #2984 meeting the female later identified as (Tonisha Smith). Ms. Smith and I conversed verbally and through text via telephone about meeting up. The conversation entailed when she would be available, where she's located, prices of her services, etc. Ms. Smith advised that she was located at 4649 Memorial Drive (United Inn and Suites in room #101). In addition, she would be available at 4:00p m and for an hour of sexual intercourse the price would be \$150 (for two people).

I told her verbally that I would be bringing my boyfriend and that I would call her once we were approaching the exit. Approximately 15 minutes later, I called Ms. Smith via cellular phone and told her that we were approaching the hotel. Ms. Smith stated that she was in traffic due to an accident and that she would be at the hotel shortly. She later texted via telephone asking kind of vehicle I was driving and stated that she was in a silver Honda.

Moments later, Officer C. King #2984 and I observed a gray Honda Accord occupied by two females coming from the rear of the hotel. The female on the passenger side (Tonisha Smith) waved her hand and exited out of the vehicle. Ms. Smith walked towards our vehicle as Officer C. King and I were exiting the vehicle. She stated "Hello" to the both of us and apologized for the delay. We all walked towards the hotel room door that displayed 101. Upon arriving, Ms. Smith could not locate the room key, therefore, she stated "Please don't leave have to go to the front office to get another key." I replied, "Ok, not a problem." She later walked back to the hotel room with a key and opened the door. Both Officer C. King and I proceeded to walk inside the hotel room.

I asked Ms. Smith what was off limits regarding the sexual encounter. She stated, "Nothing" I replied, "Ok great" She stated, "I use a condom for everything including oral sex." She confirmed the price of \$150 for an hour and I reached in my pocket and gave her \$160 (derived from DeKalb County Investigative Funds). Ms. Smith stated, "Get comfortable, and let me turn the air on for yall." She asked, "Do yall smoke? I like to smoke weed." I responded, "No." She stated, "You are so beautiful and yall both look so professional." I replied, "Thank-You" I stated, "It's all for his birthday." We wanted to do something different and exotic." She responded, "It's nothing wrong with that, I am glad yall found my ad and picked me." Ms. Smith removed her clothing as we continued to converse. Officer C. King and I walked towards the hotel door and took off our shoes.

Shortly thereafter, the arrest team knocked on the door and Officer C. King opened the door. Ms. Smith was taken into custody without incident and transported to DeKalb County Jail Intake where she was lodged under the charge prostitution (warrant number 15-079333)

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 15-084328				
EVENT	Incident Type: 16-6-2 (1104) Aggravated sodomy			Counts: 1	Incident Code: 1104	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:			
	16-8-41 (1207) Armed robbery - residence - gun			1	1207	COUNTY				
	16-5-21 (1314) Aggravated assault - gun			1	1314	COUNTY				
	Premise Type: RESIDENCE			Weapon Type: 01	Forcible: Y	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 560		
Date Report: 8/26/2015 8:38:00 AM Incident Start: 8/26/2015 8:30:00 AM Incident End: 8/26/2015 8:37:00 AM Incident Location: 4649 MEMORIAL DR 120 DECATUR GA 30032-										
VICTIM	Name (Last, First Middle): RICHARDSON, BRITTENY ANTIONETTE			Moniker:	DOB: [REDACTED] 1987	Age: 27	Sex: F	Race: B	Ethnicity: N	
	Address: 4649 MEMORIAL DR 120 DECATUR GA 30032-			Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 135	Hair Color: BLACK	Hair Style:	Hair Length:	Eye Color: BROWN	OLN #: 053105423	State: GA
	Occupation:			Employer:	Address:			Employer Phone:		
	Victim Type: Individual			Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School:		LEOKA Activity Type:		LEOKA Assignment Type:	
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other			Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	SMTs:									
	Relationship To Offenders:	(1) STRANGER	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
	Offenses Involved:	(1) 1104	(2) 1207	(3) 1314	(4) 1313	(5)	(6)	(7)	(8)	
	OFFENDER	Name: ID 3089 15-084328, UNKNOWN			Moniker:	DOB: 01	Age: 25	Sex: M	Race: B	Ethnicity: N
Address:			Home Phone:	Work Phone:	Cell Phone:	Email:				
SSN:		Resident Status:	HGT: 601	WGT: 150	Hair Color: BLACK	Hair Style: SHAVED	Hair Length: MEDIUM	Eye Color: BROWN	OLN #:	
Occupation:			Employer:	Address:			Employer Phone:			
SMTs:										
Offenses Involved:										
(1) 16-6-2 (1104) Aggravated sodomy		1104	(2) 16-8-41 (1207) Armed robbery - residence - gun	1207	(3) 16-5-21 (1314) Aggravated assault - gun	1314	(4) 16-5-23.1 (1313) Battery	1313		
(5)			(6)		(7)		(8)			
(9)			(10)							
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: Y WEAPON: FIREARM Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										
TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>										
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN	\$0.00		\$100.00		\$0.00		\$0.00		
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00		
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS			
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00		
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00		
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER			
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00		
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00		
	TOTAL						TOTAL			
						\$100.00				
						\$0.00				
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>									
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE									
	REPORTING OFFICER: Connors m a NUMBER: 3089 APPROVING OFFICER: NUMBER:									

[illegible]

DEKALB COUNTY POLICE DEPARTMENT										Case #	
GA0440200										15-084328	
ADDITIONAL OFFENDERS											
Name: TD 3089 15-084328, UNKNOWN				Moniker:		DOB:		Age: 01		Sex: 19 M	
Address:				Home Phone:		Work Phone:		Cell Phone:		Email:	
SSN:	Resident Status:	HGT: 508	WGT: 160	Hair Color: BLACK	Hair Style: BRAIDED	Hair Length: MEDIUM	Eye Color: BROWN	OLN #:	State:		
Occupation:		Employer:		Address:				Employer Phone:			
SMTs:											
<div style="display: flex; justify-content: space-between;"> <div> (1) 16-8-41 (1207) Armed robbery - residence - gun (3) _____ (5) _____ (7) _____ (9) _____ </div> <div> Offenses Involved: (2) _____ (4) _____ (6) _____ (8) _____ (10) _____ </div> </div>											
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: U WEAPON: _____ Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer											
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown											
Name:				Moniker:		DOB:		Age:		Sex: Race: Ethnicity:	
Address:				Home Phone:		Work Phone:		Cell Phone:		Email:	
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:		
Occupation:		Employer:		Address:				Employer Phone:			
SMTs:											
<div style="display: flex; justify-content: space-between;"> <div> (1) _____ (3) _____ (5) _____ (7) _____ (9) _____ </div> <div> Offenses Involved: (2) _____ (4) _____ (6) _____ (8) _____ (10) _____ </div> </div>											
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: _____ WEAPON: _____ Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer											
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown											
Name:				Moniker:		DOB:		Age:		Sex: Race: Ethnicity:	
Address:				Home Phone:		Work Phone:		Cell Phone:		Email:	
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:		
Occupation:		Employer:		Address:				Employer Phone:			
SMTs:											
<div style="display: flex; justify-content: space-between;"> <div> (1) _____ (3) _____ (5) _____ (7) _____ (9) _____ </div> <div> Offenses Involved: (2) _____ (4) _____ (6) _____ (8) _____ (10) _____ </div> </div>											
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: _____ WEAPON: _____ Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer											
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown											

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case #: 15-084328	
Class: B	Description: Currency, notes, etc.	Status: S		
Make:	Model:	Serial:		
Property Location: SUSPECT	QTY: 1	Value: \$100.00	UCR Code: 1207	
Related To: RICHARDSON, BRITTENY ANTIONETTE	Date Recovered:	Recovery Code:	Jurisdiction Stolen: 2	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 15-084328
Officer ID/Name: 3089	Connors m a	Date: 8/26/2015 9:24:46 AM
Approving Officer ID/Name: _____ Date: _____		
Title: INITIAL REPORT		
<p>Suspect # 1: Black male, light complexion, 6'1", slim build, 150 lbs., 19-25 years of age, black baseball cap w/white writing, wearing grey T-shirt w/black writing, blue jeans, armed with black semi-automatic handgun (possible Glock).</p> <p>Suspect # 2: Black male, dark complexion, 5'8", 160 lbs., dread locks, black baseball cap, all black clothing, 19-25 years of age, unknown if armed.</p> <p>On August 26, 2015 at approximately 8:40 a.m., I was dispatched a call to 4649 Memorial Dr (United Inn), Room # 120, Decatur, GA, in reference to an armed robbery that just occurred call.</p> <p>The comments stated that the above suspects attempted to sexually assault the victim and stole \$100 dollars.</p> <p>Upon my arrival I met with the complainant/victim, Ms. Britney Richardson. Ms. Richardson stated that suspect # 1 assaulted her with a handgun, forced her to perform sodomy and took \$100 dollars in cash.</p> <p>Ms. Richardson stated that she received a phone call from who she believed to be the above suspects. She stated that she didn't know who they were and told them that they had the wrong number. She stated that a short while later someone knocked on the door and she answered it. Ms. Richardson stated that she opened the door without looking to see who it was because she thought it was her boyfriend and thought that he had forgotten his room key. She then stated that suspect # 1 and # 2 came inside. Ms. Richardson stated that suspect # 1 struck her on the left side of the face near her temple with a black handgun. She stated that he asked her "Where is the money", and she told them that she only had \$ 100 dollars to pay for the room. Ms. Richardson stated that they ransacked the room pulling out dresser drawers looking for money. She stated that suspect # 1 told her that since she didn't have any money she was going to give him something. Ms. Richardson stated that she begged him not to kill her and told him that she would do anything. She stated that suspect # 1 took a condom from her nightstand, put it on his penis and forced her to perform oral sodomy. While in the act, Ms. Richardson stated that her neighbor's 5 year old daughter knocked on the window asking for her Marta Breeze card so her mother could take her to school. Ms. Richardson stated that suspect # 1 made her check to see who was knocking on the window. She stated that when she showed them that it was her neighbor's 5 year old daughter suspect # 1 stated that "This aint right". They both then ran out of the room in separate directions. Ms. Richardson stated suspect # 1 fled in the northbound direction across the street and got into a small grey vehicle. Suspect # 2 fled behind the business in the southbound direction.</p> <p>Ms. Richardson refused treatment by EMS. I broadcasted the suspect's description over the radio and notified Special Victims Unit Detective Dargon # 981 and advised him of the incident. Detective Dargon responded to the incident location and the case was turned over to SVU. Ms. Richardson was issued a case number.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 15-084328				
EVENT	Incident Type: 16-6-2 (1104) Aggravated sodomy			Counts: 1	Incident Code: 1104	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:			
	16-8-41 (1207) Armed robbery - residence - gun			1	1207	COUNTY				
	16-5-21 (1314) Aggravated assault - gun			1	1314	COUNTY				
	Premise Type: RESIDENCE			Weapon Type: 01	Forcible: Y	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 560		
Date Report: 8/26/2015 8:38:00 AM Incident Start: 8/26/2015 8:30:00 AM Incident End: 8/26/2015 8:37:00 AM Incident Location: 4649 MEMORIAL DR 120 DECATUR GA 30032-										
VICTIM	Name (Last, First Middle): RICHARDSON, BRITTENY ANTIONETTE			Moniker:	DOB: [REDACTED]-1987	Age: 27	Sex: F	Race: B	Ethnicity: N	
	Address: 4649 MEMORIAL DR 120 DECATUR GA 30032-			Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 135	Hair Color: BLACK	Hair Style:	Hair Length:	Eye Color: BROWN	OLN #: 053105423	State: GA
	Occupation:			Employer:	Address:			Employer Phone:		
	Victim Type: Individual			Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School:			LEOKA Activity Type:	LEOKA Assignment Type:	
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other			Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	SMTs:									
	Relationship To Offenders:	(1) STRANGER	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
	Offenses Involved:	(1) 1104	(2) 1207	(3) 1314	(4) 1313	(5)	(6)	(7)	(8)	
	OFFENDER	Name: ID 3089 15-084328, UNKNOWN			Moniker:	DOB: 01	Age: 25	Sex: M	Race: B	Ethnicity: N
Address:			Home Phone:	Work Phone:	Cell Phone:	Email:				
SSN:		Resident Status:	HGT: 601	WGT: 150	Hair Color: BLACK	Hair Style: SHAVED	Hair Length: MEDIUM	Eye Color: BROWN	OLN #:	
Occupation:			Employer:	Address:			Employer Phone:			
SMTs:										
Offenses Involved:										
1) 16-6-2 (1104) Aggravated sodomy			1104	2) 16-8-41 (1207) Armed robbery - residence - gun			1207			
3) 16-5-21 (1314) Aggravated assault - gun			1314	4) 16-5-23.1 (1313) Battery			1313			
5)			(6)	6)						
7)			(8)	8)						
PROPERTY	VEHICLES			CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
	STOLEN	\$0.00		\$100.00		\$0.00		\$0.00		
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00		
	CLOTHING			OFFICE EQUIP		TV, RADIO, ETC		HOUSEHOLD GOODS		
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00		
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00		
	FIREARMS			CONSUMABLE GOODS		LIVESTOCK		OTHER		
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00		
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00		
	TOTAL			\$100.00		\$0.00		\$0.00		
ADM.	G/C ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>									
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
DRUG	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin									
	<input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
CLEAR	REQUIRED DATA FIELDS <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE									
	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE									
REPORTING OFFICER Connors m a			NUMBER 3089			APPROVING OFFICER			NUMBER	

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
ADDITIONAL INCIDENT TYPES

Case #:
15-084328

[illegible]

DEKALB COUNTY POLICE DEPARTMENT GA0440200 ADDITIONAL OFFENDERS										Case #: 15-084328							
Name: TD 3089 15-084328, UNKNOWN					Moniker:		DOB:		Age: 01 19		Sex: M		Race: B		Ethnicity: N		
Address:					Home Phone:		Work Phone:		Cell Phone:		Email:						
SSN:		Resident Status:		HGT: 508	WGT: 160	Hair Color: BLACK		Hair Style: BRAIDED		Hair Length: MEDIUM		Eye Color: BROWN		OLN #:		State:	
Occupation:					Employer:		Address:		Employer Phone:								
SMTs:																	
Offenses Involved: (1) 16-8-41 (1207) Armed robbery - residence - gun 1207 (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____																	
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED: U		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer							
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown																	
Name:					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:		
Address:					Home Phone:		Work Phone:		Cell Phone:		Email:						
SSN:		Resident Status:		HGT:	WGT:	Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:	
Occupation:					Employer:		Address:		Employer Phone:								
SMTs:																	
Offenses Involved: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____																	
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED:		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer							
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown																	
Name:					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:		
Address:					Home Phone:		Work Phone:		Cell Phone:		Email:						
SSN:		Resident Status:		HGT:	WGT:	Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:	
Occupation:					Employer:		Address:		Employer Phone:								
SMTs:																	
Offenses Involved: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____																	
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED:		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer							
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown																	

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case #: 15-084328	
Class: B	Description: Currency, notes, etc.	Status: S		
Make:	Model:	Serial:		
Property Location: SUSPECT	QTY: 1	Value: \$100.00	UCR Code: 1207	
Related To: RICHARDSON, BRITTENY ANTIONETTE	Date Recovered:	Recovery Code:	Jurisdiction Stolen: 2	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 15-084328
Officer ID/Name: 3089 Connors m a	Date: 8/26/2015 9:24:46 AM	Approving Officer ID/Name: Date:
Title: INITIAL REPORT		
<p>Suspect # 1: Black male, light complexion, 6'1", slim build, 150 lbs., 19-25 years of age, black baseball cap w/white writing, wearing grey T-shirt w/black writing, blue jeans, armed with black semi-automatic handgun (possible Glock).</p> <p>Suspect # 2: Black male, dark complexion, 5'8", 160 lbs., dread locks, black baseball cap, all black clothing, 19-25 years of age, unknown if armed.</p> <p>On August 26, 2015 at approximately 8:40 a.m., I was dispatched a call to 4649 Memorial Dr (United Inn), Room # 120, Decatur, GA, in reference to an armed robbery that just occurred call.</p> <p>The comments stated that the above suspects attempted to sexually assault the victim and stole \$100 dollars.</p> <p>Upon my arrival I met with the complainant/victim, Ms. Brittney Richardson. Ms. Richardson stated that suspect # 1 assaulted her with a handgun, forced her to perform sodomy and took \$100 dollars in cash.</p> <p>Ms. Richardson stated that she received a phone call from who she believed to be the above suspects. She stated that she didn't know who they were and told them that they had the wrong number. She stated that a short while later someone knocked on the door and she answered it. Ms. Richardson stated that she opened the door without looking to see who it was because she thought it was her boyfriend and thought that he had forgotten his room key. She then stated that suspect # 1 and # 2 came inside. Ms. Richardson stated that suspect # 1 struck her on the left side of the face near her temple with a black handgun. She stated that he asked her "Where is the money", and she told them that she only had \$ 100 dollars to pay for the room. Ms. Richardson stated that they ransacked the room pulling out dresser drawers looking for money. She stated that suspect # 1 told her that since she didn't have any money she was going to give him something. Ms. Richardson stated that she begged him not to kill her and told him that she would do anything. She stated that suspect # 1 took a condom from her nightstand, put it on his penis and forced her to perform oral sodomy. While in the act, Ms. Richardson stated that her neighbor's 5 year old daughter knocked on the window asking for her Marta Breeze card so her mother could take her to school. Ms. Richardson stated that suspect # 1 made her check to see who was knocking on the window. She stated that when she showed them that it was her neighbor's 5 year old daughter suspect # 1 stated that "This aint right". They both then ran out of the room in separate directions. Ms. Richardson stated suspect # 1 fled in the northbound direction across the street and got into a small grey vehicle. Suspect # 2 fled behind the business in the southbound direction.</p> <p>Ms. Richardson refused treatment by EMS. I broadcasted the suspect's description over the radio and notified Special Victims Unit Detective Dargon # 981 and advised him of the incident. Detective Dargon responded to the incident location and the case was turned over to SVU. Ms. Richardson was issued a case number.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 15-084328	
EVENT	Incident Type:			Counts	Incident Code	Offense Jurisdiction	Arrest Jurisdiction
	16-6-2 (1104) Aggravated sodomy			1	1104	COUNTY	
	16-8-41 (1207) Armed robbery - residence - gun			1	1207	COUNTY	
	16-5-21 (1314) Aggravated assault - gun			1	1314	COUNTY	
VICTIM	Premise Type:		Weapon Type:		Forcible:	Stranger To Stranger:	Hate Motivated:
	RESIDENCE		01		Y	Y	<input type="checkbox"/>
	Date Report:		Incident Start:		Incident End:		Incident Location:
	8/26/2015 8:38:00 AM		8/26/2015 8:30:00 AM		8/26/2015 8:37:00 AM		4649 MEMORIAL DR 120 DECATUR GA 30032-
	Name (Last, First Middle):			Moniker:	DOB:	Age:	Sex:
	RICHARDSON, BRITTENY ANTIONETTE				1987	27	F
	Address:			Home #:	Work #:	Cell #:	Email:
	4649 MEMORIAL DR 120 DECATUR GA 30032-						
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:
		RESIDENT	504	135	BLACK		BROWN
Occupation:		Employer:		Address:		Employer Phone:	
OFFENDER	Victim Type:		Student:		If Yes, Name of Victim's School:		LEOKA Activity Type:
	Individual		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				LEOKA Assignment Type:
	Injuries:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other		Used:		<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
	SMTs:						
	Relationship To Offenders:	(1) STRANGER	(2)	(3)	(4)	(5)	
		(6)	(7)	(8)	(9)	(10)	
	Offenses Involved:	(1) 1104	(2) 1207	(3) 1314	(4) 1313	(5)	
		(6)	(7)	(8)	(9)	(10)	
	Name:		Moniker:		DOB:		Age:
	TD 3089 15-084328, UNKNOWN						01 25
Address:		Home Phone:		Work Phone:		Cell Phone:	
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:
			601	150	BLACK	SHAVED	MEDIUM
Occupation:		Employer:		Address:		Employer Phone:	
PROPERTY	SMTs:						
	Offenses Involved:						
	(1) 16-6-2 (1104) Aggravated sodomy	1104	(2) 16-8-41 (1207) Armed robbery - residence - gun	1207			
	(3) 16-5-21 (1314) Aggravated assault - gun	1314	(4) 16-5-23.1 (1313) Battery	1313			
	(5)		(6)				
	(7)		(8)				
	(9)		(10)				
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: Y WEAPON: FIREARM		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
	TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				
	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS
STOLEN \$0.00	\$100.00	\$0.00	\$0.00				
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00				
CLOTHING	OFFICE EQUIP.	TV, RADIO, ETC	HOUSEHOLD GOODS				
STOLEN \$0.00	\$0.00	\$0.00	\$0.00				
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00				
FIREARMS	CONSUMABLE GOODS	LIVESTOCK	OTHER	TOTAL			
STOLEN \$0.00	\$0.00	\$0.00	\$0.00	\$100.00			
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
ADM.	GCIC ENTRY		WARRANT		MISSING PERSONS		VEHICLE
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1 - Amphetamine		2 - Barbiturate
					3 - Cocaine		4 - Hallucinogen
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT		CLEARED BY ARREST		EXCEPTIONALLY CLEARED		UNFOUNDED
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
REPORTING OFFICER		NUMBER		APPROVING OFFICER		NUMBER	
Connors m a		3089					

ADDITIONAL INCIDENT TYPES

15-084328

[illegible]

DEKALB COUNTY POLICE DEPARTMENT										Case #				
GA0440200										15-084328				
ADDITIONAL OFFENDERS														
Name: TD 3089 15-084328, UNKNOWN			Moniker:		DOB:		Age: 01		Sex: M		Race: B		Ethnicity: N	
Address:			Home Phone:		Work Phone:		Cell Phone:		Email:					
SSN:		Resident Status:		HGT: 508	WGT: 160	Hair Color: BLACK	Hair Style: BRAIDED	Hair Length: MEDIUM	Eye Color: BROWN		OLN #:		State:	
Occupation:			Employer:		Address:				Employer Phone:					
SMTs:														
<div style="display: flex; justify-content: space-between;"> <div> (1) 16-8-41 (1207) Armed robbery - residence - gun (3) _____ (5) _____ (7) _____ (9) _____ </div> <div> 1207 (2) _____ (4) _____ (6) _____ (8) _____ (10) _____ </div> </div>														
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: <input checked="" type="checkbox"/> WEAPON: _____ Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer														
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown														
Name:			Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:	
Address:			Home Phone:		Work Phone:		Cell Phone:		Email:					
SSN:		Resident Status:		HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:		OLN #:		State:	
Occupation:			Employer:		Address:				Employer Phone:					
SMTs:														
<div style="display: flex; justify-content: space-between;"> <div> (1) _____ (3) _____ (5) _____ (7) _____ (9) _____ </div> <div> (2) _____ (4) _____ (6) _____ (8) _____ (10) _____ </div> </div>														
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: _____ WEAPON: _____ Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer														
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown														
Name:			Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:	
Address:			Home Phone:		Work Phone:		Cell Phone:		Email:					
SSN:		Resident Status:		HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:		OLN #:		State:	
Occupation:			Employer:		Address:				Employer Phone:					
SMTs:														
<div style="display: flex; justify-content: space-between;"> <div> (1) _____ (3) _____ (5) _____ (7) _____ (9) _____ </div> <div> (2) _____ (4) _____ (6) _____ (8) _____ (10) _____ </div> </div>														
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: _____ WEAPON: _____ Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer														
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown														

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case # 15-084328	
Class: B	Description: Currency, notes, etc.	Status: S		
Make:	Model:	Serial:		
Property Location: SUSPECT	QTY: 1	Value: \$100.00	UCR Code: 1207	
Related To: RICHARDSON, BRITTENY ANTIONETTE	Date Recovered:	Recovery Code:	Jurisdiction Stolen: 2	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 15-084328
Officer ID/Name: 3089 Connors m a	Date: 8/26/2015 9:24:46 AM	Approving Officer ID/Name: Date:
Title: INITIAL REPORT		
<p>Suspect # 1: Black male, light complexion, 6'1", slim build, 150 lbs., 19-25 years of age, black baseball cap w/white writing, wearing grey T-shirt w/black writing, blue jeans, armed with black semi-automatic handgun (possible Glock).</p> <p>Suspect # 2: Black male, dark complexion, 5'8", 160 lbs., dread locks, black baseball cap, all black clothing, 19-25 years of age, unknown if armed.</p> <p>On August 26, 2015 at approximately 8:40 a.m., I was dispatched a call to 4649 Memorial Dr (United Inn), Room # 120, Decatur, GA, in reference to an armed robbery that just occurred call.</p> <p>The comments stated that the above suspects attempted to sexually assault the victim and stole \$100 dollars.</p> <p>Upon my arrival I met with the complainant/victim, Ms. Brittney Richardson. Ms. Richardson stated that suspect # 1 assaulted her with a handgun, forced her to perform sodomy and took \$100 dollars in cash.</p> <p>Ms. Richardson stated that she received a phone call from who she believed to be the above suspects. She stated that she didn't know who they were and told them that they had the wrong number. She stated that a short while later someone knocked on the door and she answered it. Ms. Richardson stated that she opened the door without looking to see who it was because she thought it was her boyfriend and thought that he had forgotten his room key. She then stated that suspect # 1 and # 2 came inside. Ms. Richardson stated that suspect # 1 struck her on the left side of the face near her temple with a black handgun. She stated that he asked her "Where is the money", and she told them that she only had \$ 100 dollars to pay for the room. Ms. Richardson stated that they ransacked the room pulling out dresser drawers looking for money. She stated that suspect # 1 told her that since she didn't have any money she was going to give him something. Ms. Richardson stated that she begged him not to kill her and told him that she would do anything. She stated that suspect # 1 took a condom from her nightstand, put it on his penis and forced her to perform oral sodomy. While in the act, Ms. Richardson stated that her neighbor's 5 year old daughter knocked on the window asking for her Marta Breeze card so her mother could take her to school. Ms. Richardson stated that suspect # 1 made her check to see who was knocking on the window. She stated that when she showed them that it was her neighbor's 5 year old daughter suspect # 1 stated that "This aint right". They both then ran out of the room in separate directions. Ms. Richardson stated suspect # 1 fled in the northbound direction across the street and got into a small grey vehicle. Suspect # 2 fled behind the business in the southbound direction.</p> <p>Ms. Richardson refused treatment by EMS. I broadcasted the suspect's description over the radio and notified Special Victims Unit Detective Dargon # 981 and advised him of the incident. Detective Dargon responded to the incident location and the case was turned over to SVU. Ms. Richardson was issued a case number.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 15-084328				
EVENT	Incident Type: 16-6-2 (1104) Aggravated sodomy			Counts: 1	Incident Code: 1104	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:			
	16-8-41 (1207) Armed robbery - residence - gun			1	1207	COUNTY				
	16-5-21 (1314) Aggravated assault - gun			1	1314	COUNTY				
	Premise Type: RESIDENCE			Weapon Type: 01	Forcible: Y	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 560		
Date Report: 8/26/2015 8:38:00 AM Incident Start: 8/26/2015 8:30:00 AM Incident End: 8/26/2015 8:37:00 AM Incident Location: 4649 MEMORIAL DR 120 DECATUR GA 30032-										
VICTIM	Name (Last, First Middle): RICHARDSON, BRITTENY ANTIONETTE			Moniker:	DOB: [REDACTED]-1987	Age: 27	Sex: F	Race: B	Ethnicity: N	
	Address: 4649 MEMORIAL DR 120 DECATUR GA 30032-			Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 135	Hair Color: BLACK	Hair Style:	Hair Length:	Eye Color: BROWN	OLN #: 053105423	State: GA
	Occupation:			Employer:		Address:		Employer Phone:		
	Victim Type: Individual			Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School:		LEOKA Activity Type:		LEOKA Assignment Type:	
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other			Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	SMTs:									
	Relationship To Offenders:	(1) STRANGER	(2)	(3)	(4)	(5)				
	Offenses Involved:	(1) 1104	(2) 1207	(3) 1314	(4) 1313	(5)				
	OFFENDER	Name: ID 3089 15-084328, UNKNOWN			Moniker:	DOB: 01	Age: 25	Sex: M	Race: B	Ethnicity: N
Address:			Home Phone:	Work Phone:	Cell Phone:	Email:				
SSN:		Resident Status:	HGT: 601	WGT: 150	Hair Color: BLACK	Hair Style: SHAVED	Hair Length: MEDIUM	Eye Color: BROWN	OLN #:	State:
Occupation:			Employer:		Address:		Employer Phone:			
SMTs:										
Offenses Involved:										
1) 16-6-2 (1104) Aggravated sodomy		1104		2) 16-8-41 (1207) Armed robbery - residence - gun		1207				
3) 16-5-21 (1314) Aggravated assault - gun		1314		4) 16-5-23.1 (1313) Battery		1313				
5)				6)						
7)				8)						
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: Y WEAPON: FIREARM Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										
TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN	\$0.00	\$100.00		\$0.00		\$0.00			
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00			
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS			
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00			
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00			
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL	
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		\$100.00	
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
	ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES								
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
CLEAR	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/>									
	6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>									
REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/>										
REPORTING OFFICER Connors m a			NUMBER 3089		APPROVING OFFICER		NUMBER			

ADDITIONAL INCIDENT TYPES

15-084328

[illegible]

DEKALB COUNTY POLICE DEPARTMENT						Case #:	
GA0440200						15-084328	
ADDITIONAL OFFENDERS							
Name: TD 3089 15-084328, UNKNOWN		Moniker:		DOB:		Age: 01	Sex: M
						19	Race: B
							Ethnicity: N
Address:		Home Phone:		Work Phone:		Cell Phone:	
						Email:	
SSN:	Resident Status:	HGT: 508	WGT: 160	Hair Color: BLACK	Hair Style: BRAIDED	Hair Length: MEDIUM	Eye Color: BROWN
						State:	
Occupation:		Employer:		Address:		Employer Phone:	
SMTs:							
Offenses Involved:							
1) 16-8-41 (1207) Armed robbery - residence - gun 1207				(2)			
3)				(4)			
5)				(6)			
7)				(8)			
9)				(10)			
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED: U	
						WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO							
						<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	
Name:		Moniker:		DOB:		Age:	Sex:
							Race:
							Ethnicity:
Address:		Home Phone:		Work Phone:		Cell Phone:	
						Email:	
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
						State:	
Occupation:		Employer:		Address:		Employer Phone:	
SMTs:							
Offenses Involved:							
1)				(2)			
3)				(4)			
5)				(6)			
7)				(8)			
9)				(10)			
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED:	
						WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO							
						<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	
Name:		Moniker:		DOB:		Age:	Sex:
							Race:
							Ethnicity:
Address:		Home Phone:		Work Phone:		Cell Phone:	
						Email:	
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
						State:	
Occupation:		Employer:		Address:		Employer Phone:	
SMTs:							
Offenses Involved:							
1)				(2)			
3)				(4)			
5)				(6)			
7)				(8)			
9)				(10)			
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED:	
						WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO							
						<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	
Name:		Moniker:		DOB:		Age:	Sex:
							Race:
							Ethnicity:
Address:		Home Phone:		Work Phone:		Cell Phone:	
						Email:	
SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
						State:	
Occupation:		Employer:		Address:		Employer Phone:	
SMTs:							
Offenses Involved:							
1)				(2)			
3)				(4)			
5)				(6)			
7)				(8)			
9)				(10)			
WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED:	
						WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO							
						<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown	

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT PROPERTY			Case #: 15-084328	
Class: B	Description: Currency, notes, etc.	Status: S		
Make:	Model:	Serial:		
Property Location: SUSPECT	QTY: 1	Value: \$100.00	UCR Code: 1207	
Related To: RICHARDSON, BRITTENY ANTIONETTE	Date Recovered:	Recovery Code:	Jurisdiction Stolen: 2	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:
Class:	Description:	Status:		
Make:	Model:	Serial:		
Property Location:	QTY:	Value:	UCR Code:	
Related To:	Date Recovered:	Recovery Code:	Jurisdiction Stolen:	Jurisdiction Recovered:

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case # 15-084328	
Officer ID/Name 3089	Connors m a	Date 8/26/2015 9:24:46 AM	Approving Officer ID/Name Date
Title: INITIAL REPORT			
<p>Suspect # 1: Black male, light complexion, 6'1", slim build, 150 lbs., 19-25 years of age, black baseball cap w/white writing, wearing grey T-shirt w/black writing, blue jeans, armed with black semi-automatic handgun (possible Glock).</p> <p>Suspect # 2: Black male, dark complexion, 5'8", 160 lbs., dread locks, black baseball cap, all black clothing, 19-25 years of age, unknown if armed.</p> <p>On August 26, 2015 at approximately 8:40 a.m., I was dispatched a call to 4649 Memorial Dr (United Inn), Room # 120, Decatur, GA, in reference to an armed robbery that just occurred call.</p> <p>The comments stated that the above suspects attempted to sexually assault the victim and stole \$100 dollars.</p> <p>Upon my arrival I met with the complainant/victim, Ms. Britney Richardson. Ms. Richardson stated that suspect # 1 assaulted her with a handgun, forced her to perform sodomy and took \$100 dollars in cash.</p> <p>Ms. Richardson stated that she received a phone call from who she believed to be the above suspects. She stated that she didn't know who they were and told them that they had the wrong number. She stated that a short while later someone knocked on the door and she answered it. Ms. Richardson stated that she opened the door without looking to see who it was because she thought it was her boyfriend and thought that he had forgotten his room key. She then stated that suspect # 1 and # 2 came inside. Ms. Richardson stated that suspect # 1 struck her on the left side of the face near her temple with a black handgun. She stated that he asked her "Where is the money", and she told them that she only had \$ 100 dollars to pay for the room. Ms. Richardson stated that they ransacked the room pulling out dresser drawers looking for money. She stated that suspect # 1 told her that since she didn't have any money she was going to give him something. Ms. Richardson stated that she begged him not to kill her and told him that she would do anything. She stated that suspect # 1 took a condom from her nightstand, put it on his penis and forced her to perform oral sodomy. While in the act, Ms. Richardson stated that her neighbor's 5 year old daughter knocked on the window asking for her Marta Breeze card so her mother could take her to school. Ms. Richardson stated that suspect # 1 made her check to see who was knocking on the window. She stated that when she showed them that it was her neighbor's 5 year old daughter suspect # 1 stated that "This aint right". They both then ran out of the room in separate directions. Ms. Richardson stated suspect # 1 fled in the northbound direction across the street and got into a small grey vehicle. Suspect # 2 fled behind the business in the southbound direction.</p> <p>Ms. Richardson refused treatment by EMS. I broadcasted the suspect's description over the radio and notified Special Victims Unit Detective Dargon # 981 and advised him of the incident. Detective Dargon responded to the incident location and the case was turned over to SVU. Ms. Richardson was issued a case number.</p>			

DEKALB COUNTY POLICE DEPARTMENT						Case #:	
GA0440200						16-126690	
INCIDENT REPORT							

EVENT	Incident Type: 16-5-23 (1313) Simple battery			Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY
	Premise Type: COMMERCIAL			Weapon Type: 03	Forcible: Y	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>
Date Report: 12/25/2016 4:03:01 AM			Incident Start: 12/25/2016 3:53:05 AM	Incident End: 12/25/2016 4:03:11 AM	Incident Location: 4649 MEMORIAL DR 40 DECATUR GA 30032-		

Name (Last, First Middle): ANDERSON, HORATIA		Moniker:	DOB: [REDACTED]-1997	Age: 19	Sex: F	Race: B	Ethnicity: N
Address: 4649 MEMORIAL DR 40 DECATUR GA 30032-		Home #:	Work #:	Cell #:	Email:		
SSN:	Resident Status: NON-RESIDENT	HGT: 502	WGT: 100	Hair Color: BLACK	Hair Style: STRAIGHT	Hair Length: LONG	Eye Color: BROWN
Occupation:		Employer:	Address:		Employer Phone:		
Victim Type: Individual		Student:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School:		LEOKA Activity Type:	
Injuries:		None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/>		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			
SMTs:							
Relationship To Offenders:	(1) NOT APPLICABLE	(2)	(3)	(4)	(5)	(6)	(7)
Offenses Involved:	(1) 1313	(2)	(3)	(4)	(5)	(6)	(7)

VICTIM	Name:		Moniker:	DOB:	Age:	Sex:	Race:	Ethnicity:
	Address:		Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:
Occupation:		Employer:	Address:		Employer Phone:			
SMTs:								
Offenses Involved:								
(1)			(2)			(3)		
(4)			(5)			(6)		
(7)			(8)			(9)		
(10)			(11)			(12)		

OFFENDER	WANTED: <input type="checkbox"/>		WARRANT: <input type="checkbox"/>		ARREST: <input type="checkbox"/>		SUSPECT ARMED: <input type="checkbox"/>		WEAPON: <input type="checkbox"/>		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
	TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									

PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS	
	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00
CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS		
STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		
STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	STOLEN \$0.00	RECOVERED \$0.00	
TOTAL \$0.00		TOTAL \$0.00		TOTAL \$0.00		TOTAL \$0.00		

ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>							
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER							
DRUG	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>							

CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/>		CLEARED BY ARREST <input type="checkbox"/>		EXCEPTIONALLY CLEARED <input type="checkbox"/>		UNFOUNDED <input type="checkbox"/>		DATE OF CLEARANCE		ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/>	
	REPORTING OFFICER: Matthews o j NUMBER: 3216 APPROVING OFFICER: Davis r s NUMBER: 1663											

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 16-126690
Officer ID/Name: 3216 Matthews o j	Date: 12/25/2016 4:07:46 AM	Approving Officer ID/Name: 1663 Davis r s
Title: INITIAL REPORT		
<p>On December 24, I responded to 2701 N Decatur Rd (DeKalb Medical) ER room 8 in reference to a assault call. Upon arrival I made contact with the medical doctor who did the initial evaluation of the victim (Horatia Anderson). The doctor advised Anderson was very uncooperative and refused to answer many questions. The doctor advised Anderson stated to her that she had been sexually assaulted but refused to give more information in reference to the alleged sexual assault. The doctor also stated Anderson became irate at one point and started to take off her clothing.</p> <p>Upon making contact with Anderson she advised she was at 4649 Memorial Dr. (United Inn & suites) leaving room number 40 when an unknown male came from out of room 116 and assaulted her. Anderson stated the suspect grabbed her crutch and then struck her in the face with a closed fist. I did not observe any visible injuries to the facial area of Anderson. After asking Anderson again to recall the events that had occurred she switched her story several times and was not consistent with the story she had given the doctor nor the story she had initially given me. At no point did she ever make me aware of her being sexually assaulted like the story she provided the doctor. Anderson was issued a case number and advised on how to obtain a copy of the report.</p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 17-054676		
EVENT	Incident Type: 16-5-20 (1313) Arrest//Simple Assault			Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY	
	16-7-24 (2903) Arrest//Interference with government property (dam.			1	2903	COUNTY	COUNTY	
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist			1	NONC	COUNTY	COUNTY	
	Premise Type: RESIDENCE			Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560
Date Report: 6/2/2017 9:00:00 PM Incident Start: 6/2/2017 9:00:00 PM Incident End: 6/2/2017 9:00:00 PM Incident Location: 4649 Memorial Drive Decatur GA								
VICTIM	Name (Last, First Middle): Brown, Karis Nicole			Moniker:	DOB: [REDACTED] 1979	Age: 37	Sex: F Race: B Ethnicity: N	
	Address: 4649 Memorial Drive Room #345 Decatur GA 30032-			Home #:	Work #:	Cell #:	Email:	
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 200	Hair Color:	Hair Style:	Hair Length:	Eye Color:
	Occupation:			Employer:	Address:		Employer Phone:	
	Victim Type: Individual			Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:	LEOKA Assignment Type:
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other			Used: <input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer		SMTs:		
Relationship To Offenders:			(1) BOYFRIEND OR GI	(2)	(3)	(4)	(5)	
Offenses Involved:			(1) 1313	(2) 2903	(3) 3899	(4) NONC	(5)	
OFFENDER	Name: Kellan, Jamie			Moniker:	DOB: [REDACTED] 1973	Age: 44	Sex: M Race: B Ethnicity: N	
	Address: 4649 Memorial Drive #345 Decatur GA 30032-			Home Phone:	Work Phone:	Cell Phone:	Email:	
	SSN:	Resident Status: RESIDENT	HGT: 511	WGT: 230	Hair Color:	Hair Style:	Hair Length:	Eye Color:
	Occupation:			Employer:	Address:		Employer Phone:	
	SMTs:			Offenses Involved:				
	1) 16-5-20 (1313) Arrest//Simple Assault			1313	(2) 16-7-24 (2903) Arrest//Interference with governmen	2903		
3) 16-10-24.3 (7399) Arrest//Interfering with calls for			NONC	(4)				
5)			(6)					
7)			(8)					
9)			(10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>			SUSPECT ARMED:		WEAPON:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
TOTAL NUMBER ARRESTED: 1			ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS	
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00	
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00	
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS	
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00	
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00	
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER	TOTAL	
STOLEN	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	
RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES							
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
CLEAR	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/>							
	6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>							
REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE								
REPORTING OFFICER Daniels j w			NUMBER 2175		APPROVING OFFICER		NUMBER	

GA0440200 FAMILY VIOLENCE INCIDENT REPORT				Case #: 17-054676	
EVENT	Incident Type		Counts	Incident Code	Offense Jurisdiction
	16-5-20 (1313) Arrest//Simple Assault		1	1313	COUNTY
	16-7-24 (2903) Arrest//Interference with government property (dam.		1	2903	COUNTY
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist		1	NONC	COUNTY
VICTIM	Premise Type:		Weapon Type:	Forcible:	Stranger To Stranger:
	RESIDENCE		03	Y	N
	Date Report:		Incident Start:	Incident End:	Incident Location:
	6/2/2017 9:00:00 PM		6/2/2017 9:00:00 PM	6/2/2017 9:00:00 PM	4649 Memorial Drive Decatur GA
	Name (Last, First Middle):				
	Brown, Karis Nicole				
	DOB: [REDACTED] 1979 Age: 37 Sex: F Race: B Ethnicity: N				
	Address: 4649 Memorial Drive #Room #345 Decatur GA 30032				
	SSN: [REDACTED] Resident Status: RESIDENT HGT: 504 WGT: 200 Hair Color: Hair Style: Hair Length: Eye Color: OLN #: 057150943 State: GA				
	Occupation: Employer: Address: Employer Phone:				
PRIMARY AGGRESSOR	Victim Type:		LEOKA Activity Type:		LEOKA Assignment Type:
	Individual				
	Student: Yes No		If Yes, Name of Victim's School		
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other		Used: <input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
	Relationship To Offenders:		(1) BOYFRIEND OR GI (2) (3) (4) (5)		
	(6) (7) (8) (9) (10)				
	Offenses Involved:		(1) 1313 (2) 2903 (3) 3899 (4) NONC (5)		
	(6) (7) (8) (9) (10)				
	Name: Kellan, Jamie				
	DOB: [REDACTED] 1973 Age: 44 Sex: M Race: B Ethnicity: N				
Address: 4649 Memorial Drive ##345 Decatur GA 30032-					
SSN: [REDACTED] Resident Status: RESIDENT HGT: 511 WGT: 230 Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:					
Occupation: Employer: Address: Employer Phone:					
SMTs:					
Offenses Involved:					
(1) 16-5-20 (1313) Arrest//Simple Assault 1313 (2) 16-7-24 (2903) Arrest//Interference with governmen 2903					
(3) 16-10-24.3 (7399) Arrest//Interfering with calls for NONC (4)					
(5) (6) (7) (8) (9) (10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
TOTAL NUMBER ARRESTED: 1 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					
1. WERE CHILDREN INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
2. WAS ACT COMMITTED WITH CHILDREN PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> MORE THAN 10 <input type="checkbox"/> UNKNOWN					
4. EXISTENCE OF PRIOR COURT ORDERS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
5. WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY					
6. TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR: <input type="checkbox"/> 1 - FATAL INJURY <input type="checkbox"/> 2 - PERMANENT PHYSICAL DISABILITY					
<input type="checkbox"/> 3 - TEMPORARY DISABILITY <input type="checkbox"/> 4 - BROKEN BONES <input type="checkbox"/> 5 - GUN/KNIFE WOUNDS <input checked="" type="checkbox"/> 6 - SUPERFICIAL INJURIES					
<input checked="" type="checkbox"/> 7 - PROPERTY DAMAGE/THEFT <input type="checkbox"/> 8 - THREATS <input type="checkbox"/> 9 - ABUSIVE LANGUAGE <input type="checkbox"/> 10 - SEXUAL ABUSE <input type="checkbox"/> 11 - OTHER					
7. POLICE ACTION TAKEN <input checked="" type="checkbox"/> 1 - ARREST <input type="checkbox"/> 2 - CITATION <input type="checkbox"/> 3 - SEPARATION <input type="checkbox"/> 4 - MEDIATION <input type="checkbox"/> 5 - OTHER <input type="checkbox"/> 6 - NONE					
IF NO ARREST MADE WHY NOT? <input type="checkbox"/> 1 - JUVENILE <input type="checkbox"/> 2 M - PRIMARY AGGRESSOR WAS NOT AT THE SCENE					
<input type="checkbox"/> 3 - INSUFFICIENT PROBABLE CAUSE <input type="checkbox"/> 4 - OTHER REASON					
8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? <input checked="" type="checkbox"/> 1 - PHYSICAL EVIDENCE <input type="checkbox"/> 2 - TESTIMONIAL EVIDENCE <input type="checkbox"/> 3 - OTHER					
9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V)					
A: <input type="checkbox"/> 1 - DRUGS <input type="checkbox"/> 2 - ALCOHOL V: <input checked="" type="checkbox"/> 3 - DRUGS <input checked="" type="checkbox"/> 4 - ALCOHOL					
10. RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S): <input type="checkbox"/> 1 - PRESENT SPOUSE <input type="checkbox"/> 2 - FORMER SPOUSE <input type="checkbox"/> 3 - PARENT					
<input type="checkbox"/> 4 - CHILD <input type="checkbox"/> 5 - STEPPARENT <input type="checkbox"/> 6 - STEPCHILD <input type="checkbox"/> 7 - FOSTER PARENT <input type="checkbox"/> 8 - FOSTER CHILD					
<input checked="" type="checkbox"/> 9 - NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD					
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE				
	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE				
REPORTING OFFICER		NUMBER		APPROVING OFFICER	
Daniels j w		2175			

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
 17-054676

Officer ID/Name: Daniels j w Date: 6/3/2017 8:00:00 PM Approving Officer ID/Name: Date:

Title: INITIAL REPORT

-I, along with Sgt. Johnson, Sgt. Parker and Ofc. Sargent responded to the United Inn (Extended Stay) Hotel, located at 4649 Memorial Drive, in reference to trouble unknown call.

The caller, who elected to stay anonymous, stated that from his/her room, he overheard loud screams, profanities and what sounded like someone was being assaulted. Upon our arrival, we knocked at room 345 and were allowed entry into the room by a male subject. Once inside, we then made contact with a female subject, who was also occupying the room. Both male and female appeared to be very intoxicated.

The room was in total and complete disarray; with the bed (mattress) turned upside down, clothing and trash scattered about the floor and several empty beer cans and other alcoholic beverage bottles. There was also various drug paraphernalia (crack pipes etc.) inside the room.

We were able to separate the male from the female, though they were still in an active verbal dispute, by taking the male subject outside the room. Once alone, the female, identified as Karis Brown/victim, 37, stated that after a verbal dispute over monies owed to her sexual favors, a scuffle ensued. That scuffle escalated into a physical altercation, with the male suspect, Jamie Kellan, 44, striking the victim in the face and chest area, with a closed fist. The victim did display a few minor scratches about her facial area.

The victim also stated that while attempting to call 911, the suspect grabbed her cellphone, thereby preventing her from calling the authorities for help.

With sufficient probable cause present, I placed the suspect under arrest under the domestic violence laws.

The suspect, for his part, was not being an effective advocate for his 'side of the story'. During my entire encounter with him, he was loud, uncooperative, combative and intoxicated. He was cursing and being very disrespectful. He referred to this officer as a "bitch nigger", "a punk ass officer" and accused me of "taking that bitch's word over mine".

While enroute to the jail with the suspect, he began to forcefully kick the inside doors on my 2013 county-issued Chevrolet Caprice. He continued to kick my door, which inevitably caused damage to my patrol vehicle. Upon my arrival at the jail, Ofc. Sargent, who accompanied me, assisted me with walking the suspect from my vehicle to the intake jail area.

While inside the intake area, it took several detention officers to detain and control the suspect, due to his violent behavior.

After the suspect was booked in, I returned to my vehicle only to discover that my driver's side rear door had been damaged due to the suspect violently kicking on my doors. The door would not close completely.

Sgt. Johnson was notified and responded to the scene. A 'Damage to County Property Paperwork' will be completed. A new charge was also added to the suspect's jail docket.

Arrest warrants and any further prosecution will be handled by this officer.

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 17-054676
Officer ID/Name: 3346 Sargent j m	Date: 6/2/2017 9:17:19 PM	Approving Officer ID/Name: Date:
Title: INITIAL REPORT		
<p> Report Date: Reporting Officer: 3346 - Sargent j m Approving Officer: - </p> <p> On 06/02/2017, at approximately 2040 hours, I responded to 4649 Memorial Drive(United Inn & Suites) in reference to a domestic disturbance. Upon arrival, I met with Ms. Karis Brown(Victim) and Mr. Jamie Kellan(Suspect) The Victim stated, the Suspect followed her into her room, Room #345. The Suspect accused the Victim of stealing his money. The Suspect then "jumped" the Victim striking her in the face, ripping her t-shirt, and slamming her into the wall. She advised the Suspect she was contacting the Police and the Suspect "snatched" the Victim's cellphone from her hand. The Victim made it the front window and pulled open the curtain. At that time, the Victim observed an unidentified black male outside the window. The Victim screamed for help toward unidentified male. The Suspect then pulled the Victim away from the window, throwing her to the floor. He then forced her to remove her clothing. Upon my arrival, the Victim was wearing only her bra and underwear. </p> <p> The Victim believed the unidentified male contacted Police. The call was received by a male, who disconnected the line when call takers asked for his name. The Victim could not provide any further information about the caller. I attempted to contact the Complainant at the number which was used to contact 911(404-836-8100.) The number came back to the business, United Inn & Suites. </p> <p> I observed slight swelling to the Victim's right cheek bone. Her t-shirt was torn at her right shoulder. The room had been completely ransacked. Both the Victim and Suspect stated, this was caused while the Suspect searched for his money. There were empty, and full, beers cans strewn about the room. Both the Victim and Suspect appeared to be under the influence, and were emanating the odor of alcohol from their persons. There were pieces of what appeared to be a broken crack pipe on the bathroom floor, and burnt brillo resting on the bathroom sink. Adjacent to the bathroom door, in a blue trash can, was a small empty Ziploc bag. The bag appeared it had contained crack cocaine residue. Both the Victim and Suspect accused the other of consuming the crack cocaine. They each stated, they had only consumed alcohol. </p> <p> The Suspect was escorted away from the scene, and placed in the back seat of Officer JW Daniels's(#2175) patrol car. I provided the Victim with a case number and Victim Contact Card. She was advised of the Temporary Protective Order Process. </p> <p> Before departing the incident location, I observed the Suspect kick the left and right rear doors of Officer Daniels' patrol car. The Suspect was yelling profanities at the Victim, and Officer Daniels. As Officer Daniels and I arrived at The DeKalb County Jail, I observed the left rear door of Officer Daniels' patrol car protruding slightly outward. Before removing the Suspect, he kicked the rear doors several more times. The Suspect exited the patrol car under his own power and was lodged in the jail. Upon further inspection of Officer Daniels' patrol car, I observed distinct shoe prints on the interior of the rear doors. The left rear door protruded slightly after being closed. </p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 17-054676				
EVENT	Incident Type 16-5-20 (1313) Arrest//Simple Assault			Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY			
	16-7-24 (2903) Arrest//Interference with government property (dam.			1	2903	COUNTY	COUNTY			
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist			1	NONC	COUNTY	COUNTY			
	Premise Type: RESIDENCE			Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560		
Date Report: 6/2/2017 9:00:00 PM Incident Start: 6/2/2017 9:00:00 PM Incident End: 6/2/2017 9:00:00 PM Incident Location: 4649 Memorial Drive Decatur GA										
VICTIM	Name (Last, First Middle): Brown, Karis Nicole			Moniker:	DOB: -1979	Age: 37	Sex: F	Race: B	Ethnicity: N	
	Address: 4649 Memorial Drive Room #345 Decatur GA 30032-			Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 200	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: 057150943	State: GA
	Occupation:			Employer:	Address:			Employer Phone:		
	Victim Type: Individual			Student: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School:		LEOKA Activity Type:		LEOKA Assignment Type:	
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other			Used: <input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	SMTs:									
	Relationship To Offenders:	(1) BOYFRIEND OR GI	(2)	(3)	(4)	(5)				
	Offenses Involved:	(1) 1313	(2) 2903	(3) 3899	(4) NONC	(5)				
	OFFENDER	Name: Kellan, Jamie			Moniker:	DOB: -1973	Age: 44	Sex: M	Race: B	Ethnicity: N
Address: 4649 Memorial Drive #345 Decatur GA 30032-			Home Phone:	Work Phone:	Cell Phone:	Email:				
SSN:		Resident Status: RESIDENT	HGT: 511	WGT: 230	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	
Occupation:			Employer:	Address:			Employer Phone:			
SMTs:										
Offenses Involved:										
1) 16-5-20 (1313) Arrest//Simple Assault			1313	2) 16-7-24 (2903) Arrest//Interference with governmen 2903						
3) 16-10-24.3 (7399) Arrest//Interfering with calls for			NONC	4)						
5)			(6)							
7)			(8)							
9)			(10)							
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>			SUSPECT ARMED:			WEAPON:			Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
TOTAL NUMBER ARRESTED: 1			ARREST AT OR NEAR OFFENSE SCENE			Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00			
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00			
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS			
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00			
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00			
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL	
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00	
	ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES								
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
DRUG	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/>									
	6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>									
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE									
	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE									
REPORTING OFFICER Daniels j w			NUMBER 2175			APPROVING OFFICER			NUMBER	

GA0440200				Case #:	
FAMILY VIOLENCE INCIDENT REPORT				17-054676	
EVENT	Incident Type:		Counts	Incident Code	Offense Jurisdiction
	16-5-20 (1313) Arrest//Simple Assault		1	1313	COUNTY
	16-7-24 (2903) Arrest//Interference with government property (dam.		1	2903	COUNTY
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist		1	NONC	COUNTY
VICTIM	Premise Type:		Weapon Type:	Forcible:	Stranger To Stranger:
	RESIDENCE		03	Y	N
	Date Report:		Incident Start:	Incident End:	Incident Location:
	6/2/2017 9:00:00 PM		6/2/2017 9:00:00 PM	6/2/2017 9:00:00 PM	4649 Memorial Drive Decatur GA
	Name (Last, First Middle):		Moniker:	DOB:	Age:
	Brown, Karis Nicole			-1979	37
	Address		Home #:	Work #:	Cell #:
	4649 Memorial Drive #Room #345 Decatur GA 30032				
	SSN:		Resident Status:	HGT:	WGT:
			RESIDENT	504	200
PRIMARY AGGRESSOR	Occupation:		Employer:	Address:	
	Victim Type:		Yes	No	If Yes, Name of Victim's School
	Individual		<input type="checkbox"/>	<input type="checkbox"/>	
	Injuries:		LEOKA Activity Type:		LEOKA Assignment Type:
	<input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				
	Relationship To Offenders:		(1) BOYFRIEND OR GI (2) (3) (4) (5)		
	(6) (7) (8) (9) (10)				
	Offenses Involved:		(1) 1313 (2) 2903 (3) 3899 (4) NONC (5)		
	(6) (7) (8) (9) (10)				
Name:		Moniker:	DOB:	Age:	Sex:
Kellan, Jamie			-1973	44	M
Address:		Home Phone:	Work Phone:	Cell Phone:	Email:
4649 Memorial Drive #345 Decatur GA 30032-					
SSN:		Resident Status:	HGT:	WGT:	State:
		RESIDENT	511	230	GA
Occupation:		Employer:	Address:		Employer Phone:
SMTs:					
Offenses Involved:					
(1) 16-5-20 (1313) Arrest//Simple Assault 1313 (2) 16-7-24 (2903) Arrest//Interference with governmen 2903					
(3) 16-10-24.3 (7399) Arrest//Interfering with calls for NONC (4) (5) (6) (7) (8) (9) (10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
TOTAL NUMBER ARRESTED: 1 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					
1. WERE CHILDREN INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
2. WAS ACT COMMITTED WITH CHILDREN PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> MORE THAN 10 <input type="checkbox"/> UNKNOWN					
4. EXISTENCE OF PRIOR COURT ORDERS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN					
5. WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY					
6. TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR: <input type="checkbox"/> 1 - FATAL INJURY <input type="checkbox"/> 2 - PERMANENT PHYSICAL DISABILITY					
<input type="checkbox"/> 3 - TEMPORARY DISABILITY <input type="checkbox"/> 4 - BROKEN BONES <input type="checkbox"/> 5 - GUN/KNIFE WOUNDS <input checked="" type="checkbox"/> 6 - SUPERFICIAL INJURIES					
<input checked="" type="checkbox"/> 7 - PROPERTY DAMAGE/THEFT <input type="checkbox"/> 8 - THREATS <input type="checkbox"/> 9 - ABUSIVE LANGUAGE <input type="checkbox"/> 10 - SEXUAL ABUSE <input type="checkbox"/> 11 - OTHER					
7. POLICE ACTION TAKEN <input checked="" type="checkbox"/> 1 - ARREST <input type="checkbox"/> 2 - CITATION <input type="checkbox"/> 3 - SEPARATION <input type="checkbox"/> 4 - MEDIATION <input type="checkbox"/> 5 - OTHER <input type="checkbox"/> 6 - NONE					
IF NO ARREST MADE WHY NOT? <input type="checkbox"/> 1 - JUVENILE <input type="checkbox"/> 2 M - PRIMARY AGGRESSOR WAS NOT AT THE SCENE					
<input type="checkbox"/> 3 - INSUFFICIENT PROBABLE CAUSE <input type="checkbox"/> 4 - OTHER REASON					
8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? <input checked="" type="checkbox"/> 1 - PHYSICAL EVIDENCE <input type="checkbox"/> 2 - TESTIMONIAL EVIDENCE <input type="checkbox"/> 3 - OTHER					
9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V)					
A: <input type="checkbox"/> 1 - DRUGS <input type="checkbox"/> 2 - ALCOHOL V: <input checked="" type="checkbox"/> 3 - DRUGS <input checked="" type="checkbox"/> 4 - ALCOHOL					
10. RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S): <input type="checkbox"/> 1 - PRESENT SPOUSE <input type="checkbox"/> 2 - FORMER SPOUSE <input type="checkbox"/> 3 - PARENT					
<input type="checkbox"/> 4 - CHILD <input type="checkbox"/> 5 - STEPPARENT <input type="checkbox"/> 6 - STEPCHILD <input type="checkbox"/> 7 - FOSTER PARENT <input type="checkbox"/> 8 - FOSTER CHILD					
<input checked="" type="checkbox"/> 9 - NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD					
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT		CLEARED BY ARREST		EXCEPTIONALLY CLEARED
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
REPORTING OFFICER		NUMBER	APPROVING OFFICER		NUMBER
Daniels j w		2175			

[illegible]

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 17-054676
Officer ID/Name 2175	Daniels j w	Date: 6/3/2017 8:00:00 PM
Approving Officer ID/Name _____		Date: _____
Title: INITIAL REPORT		
<p> -I, along with Sgt. Johnson, Sgt. Parker and Ofc. Sargent responded to the United Inn (Extended Stay) Hotel, located at 4649 Memorial Drive, in reference to trouble unknown call. </p> <p> The caller, who elected to stay anonymous, stated that from his/her room, he overheard loud screams, profanities and what sounded like someone was being assaulted. Upon our arrival, we knocked at room 345 and were allowed entry into the room by a male subject. Once inside, we then made contact with a female subject, who was also occupying the room. Both male and female appeared to be very intoxicated. </p> <p> The room was in total and complete disarray; with the bed (mattress) turned upside down, clothing and trash scattered about the floor and several empty beer cans and other alcoholic beverage bottles. There was also various drug paraphernalia (crack pipes etc.) inside the room. </p> <p> We were able to separate the male from the female, though they were still in an active verbal dispute, by taking the male subject outside the room. Once alone, the female, identified as Karis Brown/Victim, 37, stated that after a verbal dispute over monies owed to her sexual favors, a scuffle ensued. That scuffle escalated into a physical altercation, with the male suspect, Jamie Kellan, 44, striking the victim in the face and chest area, with a closed fist. The victim did display a few minor scratches about her facial area. </p> <p> The victim also stated that while attempting to call 911, the suspect grabbed her cellphone, thereby preventing her from calling the authorities for help. </p> <p> With sufficient probable cause present, I placed the suspect under arrest under the domestic violence laws. </p> <p> The suspect, for his part, was not being an effective advocate for his 'side of the story'. During my entire encounter with him, he was loud, uncooperative, combative and intoxicated. He was cursing and being very disrespectful. He referred to this officer as a "bitch nigger", "a punk ass officer" and accused me of "taking that bitch's word over mine". </p> <p> While enroute to the jail with the suspect, he began to forcefully kick the inside doors on my 2013 county-issued Chevrolet Caprice. He continued to kick my door, which inevitably caused damage to my patrol vehicle. Upon my arrival at the jail, Ofc. Sargent, who accompanied me, assisted me with walking the suspect from my vehicle to the intake jail area. </p> <p> While inside the intake area, it took several detention officers to detain and control the suspect, due to his violent behavior. </p> <p> After the suspect was booked in, I returned to my vehicle only to discover that my driver's side rear door had been damaged due to the suspect violently kicking on my doors. The door would not close completely. </p> <p> Sgt. Johnson was notified and responded to the scene. A 'Damage to County Property Paperwork' will be completed. A new charge was also added to the suspect's jail docket. </p> <p> Arrest warrants and any further prosecution will be handled by this officer. </p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 17-054676
Officer ID/Name: 3346	Sargent j m	Date: 6/2/2017 9:17:19 PM
Approving Officer ID/Name: Date:		
Title: INITIAL REPORT		
<p> Report Date: Reporting Officer: 3346 - Sargent j m Approving Officer: - </p> <p> On 06/02/2017, at approximately 2040 hours, I responded to 4649 Memorial Drive(United Inn & Suites) in reference to a domestic disturbance. Upon arrival, I met with Ms. Karis Brown(Victim) and Mr. Jamie Kellan(Suspect) The Victim stated, the Suspect followed her into her room, Room #345. The Suspect accused the Victim of stealing his money. The Suspect then "jumped" the Victim striking her in the face, ripping her t-shirt, and slamming her into the wall. She advised the Suspect she was contacting the Police and the Suspect "snatched" the Victim's cellphone from her hand. The Victim made it the front window and pulled open the curtain. At that time, the Victim observed an unidentified black male outside the window. The Victim screamed for help toward unidentified male. The Suspect then pulled the Victim away from the window, throwing her to the floor. He then forced her to remove her clothing. Upon my arrival, the Victim was wearing only her bra and underwear. </p> <p> The Victim believed the unidentified male contacted Police. The call was received by a male, who disconnected the line when call takers asked for his name. The Victim could not provide any further information about the caller. I attempted to contact the Complainant at the number which was used to contact 911(404-836-8100.) The number came back to the business, United Inn & Suites. </p> <p> I observed slight swelling to the Victim's right cheek bone. Her t-shirt was torn at her right shoulder. The room had been completely ransacked. Both the Victim and Suspect stated, this was caused while the Suspect searched for his money. There were empty, and full, beers cans strewn about the room. Both the Victim and Suspect appeared to be under the influence, and were emanating the odor of alcohol from their persons. There were pieces of what appeared to be a broken crack pipe on the bathroom floor, and burnt brillo resting on the bathroom sink. Adjacent to the bathroom door, in a blue trash can, was a small empty Ziploc bag. The bag appeared it had contained crack cocaine residue. Both the Victim and Suspect accused the other of consuming the crack cocaine. They each stated, they had only consumed alcohol. </p> <p> The Suspect was escorted away from the scene, and placed in the back seat of Officer JW Daniels's(#2175) patrol car. I provided the Victim with a case number and Victim Contact Card. She was advised of the Temporary Protective Order Process. </p> <p> Before departing the incident location, I observed the Suspect kick the left and right rear doors of Officer Daniels' patrol car. The Suspect was yelling profanities at the Victim, and Officer Daniels. As Officer Daniels and I arrived at The DeKalb County Jail, I observed the left rear door of Officer Daniels' patrol car protruding slightly outward. Before removing the Suspect, he kicked the rear doors several more times. The Suspect exited the patrol car under his own power and was lodged in the jail. Upon further inspection of Officer Daniels' patrol car, I observed distinct shoe prints on the interior of the rear doors. The left rear door protruded slightly after being closed. </p>		

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 17-054676		
EVENT	Incident Type: 16-5-20 (1313) Arrest//Simple Assault			Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction COUNTY	
	16-7-24 (2903) Arrest//Interference with government property (dam.			1	2903	COUNTY	COUNTY	
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist			1	NONC	COUNTY	COUNTY	
	Premise Type: RESIDENCE			Weapon Type: 03	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560
Date Report: 6/2/2017 9:00:00 PM Incident Start: 6/2/2017 9:00:00 PM Incident End: 6/2/2017 9:00:00 PM Incident Location: 4649 Memorial Drive Decatur GA								
VICTIM	Name (Last, First Middle): Brown, Karis Nicole			Moniker:	DOB: -1979	Age: 37	Sex: F Race: B Ethnicity: N	
	Address: 4649 Memorial Drive Room #345 Decatur GA 30032-			Home #:	Work #:	Cell #:	Email:	
	SSN:	Resident Status: RESIDENT	HGT: 504	WGT: 200	Hair Color:	Hair Style:	Hair Length:	Eye Color:
	Occupation:			Employer:	Address:		Employer Phone:	
	Victim Type: Individual			Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Name of Victim's School		LEOKA Activity Type:	LEOKA Assignment Type:
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other			Used: <input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
	SMTs:							
	Relationship To Offenders:	(1) BOYFRIEND OR GI	(2)	(3)	(4)	(5)		
	Offenses Involved:	(1) 1313	(2) 2903	(3) 3899	(4) NONC	(5)		
	OFFENDER	Name: Kellan, Jamie			Moniker:	DOB: -1973	Age: 44	Sex: M Race: B Ethnicity: N
Address: 4649 Memorial Drive #345 Decatur GA 30032-			Home Phone:	Work Phone:	Cell Phone:	Email:		
SSN:		Resident Status: RESIDENT	HGT: 511	WGT: 230	Hair Color:	Hair Style:	Hair Length:	Eye Color:
Occupation:			Employer:	Address:		Employer Phone:		
SMTs:								
Offenses Involved:								
1) 16-5-20 (1313) Arrest//Simple Assault			1313	2) 16-7-24 (2903) Arrest//Interference with governmen 2903				
3) 16-10-24.3 (7399) Arrest//Interfering with calls for			NONC	4)				
5)			(6)					
7)			(8)					
9)			(10)					
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer								
TOTAL NUMBER ARRESTED: 1 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>								
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS	
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS	
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER	
	STOLEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	RECOVERED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL		TOTAL		TOTAL		TOTAL	
\$0.00		\$0.00		\$0.00		\$0.00		
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES							
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/>							
	6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>							
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE							
	REPORTING OFFICER: Daniels j w NUMBER: 2175 APPROVING OFFICER: NUMBER:							

GA0440200				Case #	
FAMILY VIOLENCE INCIDENT REPORT				17-054676	
EVENT	Incident Type:		Counts	Incident Code	Offense Jurisdiction
	16-5-20 (1313) Arrest//Simple Assault		1	1313	COUNTY
	16-7-24 (2903) Arrest//Interference with government property (dam.		1	2903	COUNTY
	16-10-24.3 (7399) Arrest//Interfering with calls for emergency assist		1	NONC	COUNTY
VICTIM	Premise Type:		Weapon Type:	Forcible:	Stranger To Stranger:
	RESIDENCE		03	Y	N
	Date Report:		Incident Start:	Incident End:	Incident Location:
	6/2/2017 9:00:00 PM		6/2/2017 9:00:00 PM	6/2/2017 9:00:00 PM	4649 Memorial Drive Decatur GA
	Name (Last, First Middle):		Moniker:	DOB:	Age:
	Brown, Karis Nicole			1979	37
	Address		Home #:	Work #:	Cell #:
	4649 Memorial Drive #Room #345 Decatur GA 30032				
	SSN:		Resident Status:	HGT:	WGT:
			RESIDENT	504	200
PRIMARY AGGRESSOR	Occupation:		Employer:	Address:	
	Victim Type:		LEOKA Activity Type:		LEOKA Assignment Type:
	Individual				
	Injuries:		Used:		
	<input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
	Relationship To Offenders:		(1) BOYFRIEND OR GI (2) (3) (4) (5)		
	Offenses Involved:		(1) 1313 (2) 2903 (3) 3899 (4) NONC (5)		
	Name:		Moniker:	DOB:	Age:
	Kellan, Jamie			1973	44
Address:		Home Phone:	Work Phone:	Cell Phone:	
4649 Memorial Drive #345 Decatur GA 30032-					
SSN:		Resident Status:	HGT:	WGT:	
		RESIDENT	511	230	
Occupation:		Employer:	Address:		
SMTs:					
Offenses Involved:		(1) 16-5-20 (1313) Arrest//Simple Assault 1313 (2) 16-7-24 (2903) Arrest//Interference with governmen 2903			
(3) 16-10-24.3 (7399) Arrest//Interfering with calls for NONC (4)					
(5)		(6)			
(7)		(8)			
(9)		(10)			
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/>		SUSPECT ARMED:		WEAPON:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
TOTAL NUMBER ARRESTED: 1		ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
1. WERE CHILDREN INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
2. WAS ACT COMMITTED WITH CHILDREN PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> MORE THAN 10 <input type="checkbox"/> UNKNOWN					
4. EXISTENCE OF PRIOR COURT ORDERS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN					
5. WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY					
6. TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR: <input type="checkbox"/> 1 - FATAL INJURY <input type="checkbox"/> 2 - PERMANENT PHYSICAL DISABILITY					
<input type="checkbox"/> 3 - TEMPORARY DISABILITY <input type="checkbox"/> 4 - BROKEN BONES <input type="checkbox"/> 5 - GUN/KNIFE WOUNDS <input checked="" type="checkbox"/> 6 - SUPERFICIAL INJURIES					
<input checked="" type="checkbox"/> 7 - PROPERTY DAMAGE/THEFT <input type="checkbox"/> 8 - THREATS <input type="checkbox"/> 9 - ABUSIVE LANGUAGE <input type="checkbox"/> 10 - SEXUAL ABUSE <input type="checkbox"/> 11 - OTHER					
7. POLICE ACTION TAKEN <input checked="" type="checkbox"/> 1 - ARREST <input type="checkbox"/> 2 - CITATION <input type="checkbox"/> 3 - SEPARATION <input type="checkbox"/> 4 - MEDIATION <input type="checkbox"/> 5 - OTHER <input type="checkbox"/> 6 - NONE					
IF NO ARREST MADE WHY NOT? <input type="checkbox"/> 1 - JUVENILE <input type="checkbox"/> 2 M - PRIMARY AGGRESSOR WAS NOT AT THE SCENE					
<input type="checkbox"/> 3 - INSUFFICIENT PROBABLE CAUSE <input type="checkbox"/> 4 - OTHER REASON					
8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? <input checked="" type="checkbox"/> 1 - PHYSICAL EVIDENCE <input type="checkbox"/> 2 - TESTIMONIAL EVIDENCE <input type="checkbox"/> 3 - OTHER					
9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V)					
A: <input type="checkbox"/> 1 - DRUGS <input type="checkbox"/> 2 - ALCOHOL V: <input checked="" type="checkbox"/> 3 - DRUGS <input checked="" type="checkbox"/> 4 - ALCOHOL					
10. RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S): <input type="checkbox"/> 1 - PRESENT SPOUSE <input type="checkbox"/> 2 - FORMER SPOUSE <input type="checkbox"/> 3 - PARENT					
<input type="checkbox"/> 4 - CHILD <input type="checkbox"/> 5 - STEPPARENT <input type="checkbox"/> 6 - STEPCHILD <input type="checkbox"/> 7 - FOSTER PARENT <input type="checkbox"/> 8 - FOSTER CHILD					
<input checked="" type="checkbox"/> 9 - NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD					
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT		CLEARED BY ARREST		EXCEPTIONALLY CLEARED
					UNFOUNDED
REPORTING OFFICER		NUMBER	APPROVING OFFICER		NUMBER
Daniels j w		2175			

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE		Case #: 17-054676
Officer ID/Name: 2175 Daniels j w	Date: 6/3/2017 8:00:00 PM	Approving Officer ID/Name
Title: INITIAL REPORT		
<p>—I, along with Sgt. Johnson, Sgt. Parker and Ofc. Sargent responded to the United Inn (Extended Stay) Hotel, located at 4649 Memorial Drive, in reference to trouble unknown call.</p> <p>The caller, who elected to stay anonymous, stated that from his/her room, he overheard loud screams, profanities and what sounded like someone was being assaulted. Upon our arrival, we knocked at room 345 and were allowed entry into the room by a male subject. Once inside, we then made contact with a female subject, who was also occupying the room. Both male and female appeared to be very intoxicated.</p> <p>The room was in total and complete disarray; with the bed (mattress) turned upside down, clothing and trash scattered about the floor and several empty beer cans and other alcoholic beverage bottles. There was also various drug paraphernalia (crack pipes etc.) inside the room.</p> <p>We were able to separate the male from the female, though they were still in an active verbal dispute, by taking the male subject outside the room. Once alone, the female, identified as Karis Brown/victim, 37, stated that after a verbal dispute over monies owed to her sexual favors, a scuffle ensued. That scuffle escalated into a physical altercation, with the male suspect, Jamie Kellan, 44, striking the victim in the face and chest area, with a closed fist. The victim did display a few minor scratches about her facial area.</p> <p>The victim also stated that while attempting to call 911, the suspect grabbed her cellphone, thereby preventing her from calling the authorities for help.</p> <p>With sufficient probable cause present, I placed the suspect under arrest under the domestic violence laws.</p> <p>The suspect, for his part, was not being an effective advocate for his 'side of the story'. During my entire encounter with him, he was loud, uncooperative, combative and intoxicated. He was cursing and being very disrespectful. He referred to this officer as a "bitch nigger", "a punk ass officer" and accused me of "taking that bitch's word over mine".</p> <p>While enroute to the jail with the suspect, he began to forcefully kick the inside doors on my 2013 county-issued Chevrolet Caprice. He continued to kick my door, which inevitably caused damage to my patrol vehicle. Upon my arrival at the jail, Ofc. Sargent, who accompanied me, assisted me with walking the suspect from my vehicle to the intake jail area.</p> <p>While inside the intake area, it took several detention officers to detain and control the suspect, due to his violent behavior.</p> <p>After the suspect was booked in, I returned to my vehicle only to discover that my driver's side rear door had been damaged due to the suspect violently kicking on my doors. The door would not close completely.</p> <p>Sgt. Johnson was notified and responded to the scene. A 'Damage to County Property Paperwork' will be completed. A new charge was also added to the suspect's jail docket.</p> <p>Arrest warrants and any further prosecution will be handled by this officer.</p>		

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
17-054676

Officer ID/Name:

3346

Sargent j m

Date:

6/2/2017 9:17:19 PM

Approving Officer ID/Name:

Date:

Title:

INITIAL REPORT

Report Date:

Reporting Officer: 3346 - Sargent j m

Approving Officer: -

On 06/02/2017, at approximately 2040 hours, I responded to 4649 Memorial Drive(United Inn & Suites) in reference to a domestic disturbance. Upon arrival, I met with Ms. Karis Brown(Victim) and Mr. Jamie Kellan(Suspect). The Victim stated, the Suspect followed her into her room, Room #345. The Suspect accused the Victim of stealing his money. The Suspect then "jumped" the Victim striking her in the face, ripping her t-shirt, and slamming her into the wall. She advised the Suspect she was contacting the Police and the Suspect "snatched" the Victim's cellphone from her hand. The Victim made it the front window and pulled open the curtain. At that time, the Victim observed an unidentified black male outside the window. The Victim screamed for help toward unidentified male. The Suspect then pulled the Victim away from the window, throwing her to the floor. He then forced her to remove her clothing. Upon my arrival, the Victim was wearing only her bra and underwear.

The Victim believed the unidentified male contacted Police. The call was received by a male, who disconnected the line when call takers asked for his name. The Victim could not provide any further information about the caller. I attempted to contact the Complainant at the number which was used to contact 911(404-836-8100.) The number came back to the business, United Inn & Suites.

I observed slight swelling to the Victim's right cheek bone. Her t-shirt was torn at her right shoulder. The room had been completely ransacked. Both the Victim and Suspect stated, this was caused while the Suspect searched for his money. There were empty, and full, beers cans strewn about the room. Both the Victim and Suspect appeared to be under the influence, and were emanating the odor of alcohol from their persons. There were pieces of what appeared to be a broken crack pipe on the bathroom floor, and burnt brillo resting on the bathroom sink. Adjacent to the bathroom door, in a blue trash can, was a small empty Ziploc bag. The bag appeared it had contained crack cocaine residue. Both the Victim and Suspect accused the other of consuming the crack cocaine. They each stated, they had only consumed alcohol.

The Suspect was escorted away from the scene, and placed in the back seat of Officer JW Daniel's(#2175) patrol car. I provided the Victim with a case number and Victim Contact Card. She was advised of the Temporary Protective Order Process.

Before departing the incident location, I observed the Suspect kick the left and right rear doors of Officer Daniels' patrol car. The Suspect was yelling profanities at the Victim, and Officer Daniels. As Officer Daniels and I arrived at The DeKalb County Jail, I observed the left rear door of Officer Daniels' patrol car protruding slightly outward. Before removing the Suspect, he kicked the rear doors several more times. The Suspect exited the patrol car under his own power and was lodged in the jail. Upon further inspection of Officer Daniels' patrol car, I observed distinct shoe prints on the interior of the rear doors. The left rear door protruded slightly after being closed.

DEKALB COUNTY POLICE DEPARTMENT GA0440200 INCIDENT REPORT						Case #: 17-061038				
EVENT	Incident Type 16-5-20 (1313) SIMPLE ASSAULT			Counts 1	Incident Code 1313	Offense Jurisdiction COUNTY	Arrest Jurisdiction			
	16-7-21 (2902) CRIMINAL TRESPASS - DAMAGE <500 - PRIVATE			1	2902	COUNTY				
	Premise Type: ALL OTHER			Weapon Type: 04	Forcible: U	Stranger To Stranger N	Hate Motivated: <input type="checkbox"/>	Loc Code: 560		
Date Report: 6/20/2017 3:52:52 PM Incident Start: 6/20/2017 3:00:00 PM Incident End: 6/20/2017 3:10:00 PM Incident Location: 4649 MEMORIAL DRIVE DECATUR GA 30032--										
VICTIM	Name (Last, First Middle): PERRY, KEITH III			Moniker:	DOB: [REDACTED]-1989	Age: 27	Sex: M	Race: B	Ethnicity: U	
	Address: 35552 HAWTHORNE DR. ROMULUS MI 48174-			Home #:	Work #:	Cell #:	Email:			
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #: P600465075558	State: MI
	Occupation:			Employer:	Address:			Employer Phone:		
	Victim Type: Individual			Student:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, Name of Victim's School		LEOKA Activity Type:		LEOKA Assignment Type:
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other			Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
SMTs:										
Relationship To Offenders: (1) ACQUAINTANCE (2) (3) (4) (5) (6) (7) (8) (9) (10)										
Offenses Involved: (1) 1313 (2) 2902 (3) (4) (5) (6) (7) (8) (9) (10)										
OFFENDER	Name: DAY, DAYSHEANA I			Moniker:	DOB: [REDACTED]-1998	Age: 19	Sex: F	Race: B	Ethnicity: N	
	Address: 9022 N. 35TH AVE PHOENIX AR 85051-			Home Phone:	Work Phone:	Cell Phone:	Email:			
	SSN:	Resident Status:	HGT:	WGT:	Hair Color: BLACK	Hair Style:	Hair Length:	Eye Color: BROWN	OLN #: D08706156	State: AR
	Occupation:			Employer:	Address:			Employer Phone:		
	SMTs:									
	Offenses Involved: 1) 16-5-20 (1313) SIMPLE ASSAULT 1313 (2) 16-7-21 (2902) CRIMINAL TRESPASS - DAMAGE <5 2902 (3) (4) (5) (6) (7) (8) (9) (10)									
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: N WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										
TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>										
PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS			
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00			
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00			
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS			
	STOLEN	\$0.00	\$0.00		\$0.00		\$0.00			
	RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00			
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL		
STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		
RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		
ADM.	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES									
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturates <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE									
	REPORTING OFFICER: Woody j s NUMBER: 3334 APPROVING OFFICER: Parker o b NUMBER: 1815									

DEKALB COUNTY POLICE DEPARTMENT GA0440200 NARRATIVE				Case #: 17-061038	
Officer ID/Name: 3334	Woody j s	Date: 6/20/2017 4:02:32 PM	Approving Officer ID/Name: 1815	Parker o b	Date: 6/20/2017 8:56:00 PM
Title: INITIAL REPORT					
<p>On 06/20/17 at approximately 15:15 hours, I responded to the United Inn and Suites located at 4649 Memorial Drive in reference to a neighbor dispute.</p> <p>Upon arrival, I spoke with Keith Perry who stated that Daysheana Day assaulted him by throwing a glass candle at him while he stood outside the doorway of room 101. Mr. Perry stated that the candle struck him in the side. No injuries were visible and EMS was refused on scene. Mr. Perry stated that Ms. Day had his cell phone and damaged it by throwing it against the wall. Mr. Perry advised that the incident was captured on camera. I made contact with an employee at the front desk to view camera footage. The location of the incident took place at the end of the cameras surveillance range. Very little can be made out from the footage.</p> <p>I spoke with Daysheana Day inside room 101 about the incident. She advised that she is a prostitute and that Mr. Perry is her pimp. Ms. Day stated that Mr. Perry became upset earlier when she refused to perform a sexual favor. Ms. Day stated that Mr. Perry left taking his suitcase and proceeded to another female's room at the motel. Ms. Day stated that the room is in her name. Ms. Day said that the two argued in the doorway when he returned asking about phone. Ms. Day stated that she did not hit Mr. Perry with a candle and didn't have his phone. Ms. Day gave me verbal consent to search the room. The phone was not located. I attempted to call the phone and it rang a couple of times and went to voicemail.</p> <p>Mr. Perry was provided with a case number and victim contact card. He was advised on the warrant and protective order application protocol.</p>					